

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003122

FILED
Apr 12, 2007
Secretary of State

Entity Name: PINES WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 43R, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 43R, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3723954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 43R, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: HISKEY, BILL
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 32719

Title: VP () Delete
Name: WEISSMULLER, NICOLE
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 32719

Title: TR () Delete
Name: WILLARD, WILLIAM
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 32719

Title: SR () Delete
Name: RENCOUKOS, KRISTY
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 32719

Title: DR () Delete
Name: FOSTER, MARY
Address: PO BOX 196025
City-St-Zip: WINTER SPRINGS, FL 32719

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HISKEY, BILL
Address: 208 WHITBY ST
City-St-Zip: DAVENPORT, FL 33897

Title: VPD (X) Change () Addition
Name: WEISSMULLER, NICOLE
Address: 219 PENRITH ST
City-St-Zip: DAVENPORT, FL 33897

Title: TD (X) Change () Addition
Name: WILLARD, WILLIAM
Address: 146 WHITBY ST
City-St-Zip: DAVENPORT, FL 33897

Title: SD (X) Change () Addition
Name: RENCOUKOS, KRISTY
Address: 303 MILFORD ST
City-St-Zip: DAVENPORT, FL 33897

Title: D (X) Change () Addition
Name: FOSTER, MARY
Address: 105 CARDIFF AVE
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL HISKEY

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date