


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # N01000003575		
1. Entity Name PINE HOLLOW OWNERS ASSOCIATION, INC.		
Principal Place of Business 460 PINE HOLLOW LANE WEST PALM BEACH, FL 33413	Mailing Address 6621 FOREST HILL BLVD WEST PALM BEACH, FL 33413	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUDOWSKI, KATHLEEN 580 PINE HOLLOW LANE WEST PALM BEACH, FL 33413		
DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUDOWSKI, WALTER 580 PINE HOLLOW LANE WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAYGOR, PAUL 520 PINE HOLLOW LANE WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOREMAN, VAUGHN 7351 OAKMONT DR WEST PALM BEACH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENA, MARIO 6621 FOREST HILL BLVD WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PENA, NATALIE GRACE 460 PINE HOLLOW LANE WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Natalie Grace Pena / Natalie Grace Pena</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/7/04</u> (561) 968-6263 <small>Daytime Phone #</small>



01072004 No Chg-NP CR2E037 (10/03)

4. FCI Number 20-0040971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/13/04-80059-012 61.25

**DO NOT WRITE
IN THIS SPACE**