


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000003575</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PENA, NATALIE G 460 PINE HOLLOW LANE WEST PALM BEACH, FL 33413		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		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 640 PINE HOLLOW LANE WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, MARIO 460 PINE HOLLOW LANE WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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> Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer 3/1/05 (561) 681-7099 Date Daytime Phone #		



01312005 No Chg-NP CR2E037 (10/03)

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

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03/04/05-80059-004 61.25

**DO NOT WRITE  
IN THIS SPACE**