

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90018 035 ****61.25



DOCUMENT # N01315 1. Entity Name PINE LAKE VILLAS HOME OWNERS ASSOCIATION, INC.	
Principal Place of Business 3715 BAY COURT SAINT CLOUD FL 34769-5931	Mailing Address 3715 BAY COURT SAINT CLOUD FL 34769-5931
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2506396	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANGAHM, DICK 3508 BAY CT. SAINT CLOUD FL 34769	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANGHAM, DICK 3508 BAY CT. SAINT CLOUD FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. KIM CLARK 3621 BAY CT. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, JOHN 3525 BAY CT. SAINT CLOUD FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTORIA ZEHRING 3512 BAY CT ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFFCOAT, ELAINE 3633 BAY CT. SAINT CLOUD FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gertrude Goodwin 2067 Live Oak Blvd ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, LOUISE 3629 BAY COURT SAINT CLOUD FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WOBIG, FAITH 3624 BAY CT. SAINT CLOUD FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATUK, JANET 3600 BAY CT. SAINT CLOUD FL 34769	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: *Wick Wailes* **2/2/04** **407-891-7326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #