
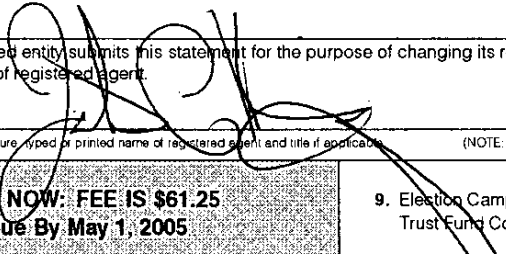


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90083 039 \*\*\*\*61.25

<b>DOCUMENT # N01315</b>			
1. Entity Name <b>PINE LAKE VILLAS HOME OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3715 BAY COURT SAINT CLOUD FL 34769-5931</b>		Mailing Address <b>3715 BAY COURT SAINT CLOUD FL 34769-5931</b>	
2. Principal Place of Business		3. Mailing Address	
* Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MANGAHM, DICK 3508 BAY CT. SAINT CLOUD FL 34769</b>		7. Name and Address of New Registered Agent Name <b>John (Jack) King</b> Street Address (P.O. Box Number is Not Acceptable) <b>3525 BAY CT.</b> City <b>ST-Cloud</b> <b>FL</b> Zip Code <b>34769</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 		DATE	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MANGHAM, DICK</b> <b>3508 BAY CT.</b> <b>SAINT CLOUD FL 34769</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Pres.</b> <b>King, John</b> <b>3525 BAY CT</b> <b>ST-Cloud 34769</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KING, JOHN</b> <b>3525 BAY CT.</b> <b>SAINT CLOUD FL 34769</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>V. Pres.</b> <b>Larry Williams</b> <b>3625 BAY CT.</b> <b>ST-Cloud, FL 34769</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JEFFCOAT, ELAINE</b> <b>3633 BAY CT.</b> <b>SAINT CLOUD FL 34769</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Sec.</b> <b>Buckner, June</b> <b>3505 BAY CT</b> <b>ST-Cloud 34769</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOPER, LOUISE</b> <b>3629 BAY COURT</b> <b>SAINT CLOUD FL 34769</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Ass. Secretary</b> <b>Phyllis Fluhrer</b> <b>3504 BAY CT</b> <b>ST-Cloud 34769</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CLARK, KIM</b> <b>3621 BAY CT.</b> <b>SAINT CLOUD FL 34769</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZEHRING, VICTORIA</b> <b>3512 BAY CT.</b> <b>SAINT CLOUD FL 34769</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

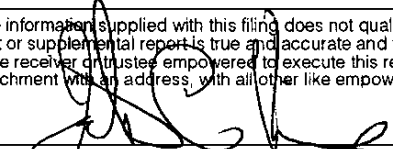


1st MOORE CR2E037 (10/04)

4. FEI Number **59-2506396** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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:**  Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_