


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90258 039 \*\*\*\*61.25

**DOCUMENT # N01315**  
 1. Entity Name  
**PINE LAKE VILLAS HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3715 BAY COURT      3715 BAY COURT**  
**SAINT CLOUD FL 34769-5931      SAINT CLOUD FL 34769-5931**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E037 (10/05)

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

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

6. Name and Address of Current Registered Agent  
**KING, JOHN (JACK)**  
**3525 BAY CT**  
**SAINT CLOUD FL 34769**

7. Name and Address of New Registered Agent  
 Name **KLEIN, Gary**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3600 BAY CT.**  
 City **SAINT CLOUD**      FL      Zip Code **34769**

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 Gary O. Klein      **GARY O KLEIN (President)**      **3-3-06**

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 <input checked="" type="checkbox"/> <b>Dir</b> <input type="checkbox"/> Change <input type="checkbox"/> Delete	NAME <b>KING, JOHN</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Klein, (P) Gary</b>
STREET ADDRESS <b>3525 BAY CT</b>	CITY-ST-ZIP <b>SAINT CLOUD FL 34769</b>	STREET ADDRESS <b>3600 BAY CT</b>	CITY-ST-ZIP <b>ST. CLOUD, FL 34769</b>
TITLE <input type="checkbox"/> Delete	NAME <b>VP WILLIAMS, LARRY (Larry)</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Ass. Sec Clark, Kim</b>
STREET ADDRESS <b>3625 BAY CT</b>	CITY-ST-ZIP <b>SAINT CLOUD FL 34769</b>	STREET ADDRESS <b>3621 BAY CT</b>	CITY-ST-ZIP <b>ST. CLOUD, FL 34769</b>
TITLE <input type="checkbox"/> Delete	NAME <b>T JEFFCOAT, ELAINE</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>D Burke, NANCY</b>
STREET ADDRESS <b>3633 BAY CT.</b>	CITY-ST-ZIP <b>SAINT CLOUD FL 34769</b>	STREET ADDRESS <b>3524 BAY CT.</b>	CITY-ST-ZIP <b>ST. CLOUD, FL 34769</b>
TITLE <input type="checkbox"/> Delete	NAME <b>D COOPER, LOUISE</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>D Freeman, Barbara</b>
STREET ADDRESS <b>3629 BAY COURT</b>	CITY-ST-ZIP <b>SAINT CLOUD FL 34769</b>	STREET ADDRESS <b>3709 BAY CT.</b>	CITY-ST-ZIP <b>ST. CLOUD, FL 34769</b>
TITLE <input type="checkbox"/> Delete	NAME <b>S BUCKNER, JUNE</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>D Williams, Winnie</b>
STREET ADDRESS <b>3505 BAY CT</b>	CITY-ST-ZIP <b>SAINT CLOUD FL 34769</b>	STREET ADDRESS <b>3625 BAY CT.</b>	CITY-ST-ZIP <b>ST. CLOUD, FL 34769</b>
TITLE <input checked="" type="checkbox"/> Delete	NAME <b>D ZEHRING, VICTORIA</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>D Fluhrer, Phyllis</b>
STREET ADDRESS <b>3512 BAY CT.</b>	CITY-ST-ZIP <b>SAINT CLOUD FL 34769</b>	STREET ADDRESS <b>3504 BAY CT.</b>	CITY-ST-ZIP <b>ST. CLOUD, FL 34769</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Gary O. Klein      **GARY O KLEIN**      **3-3-06**      **321.443.9032**