


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90095 005 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2506396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KLEIN, GARY
 3600 BAY CT
 SAINT CLOUD, FL 34796

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, JOHN	
STREET ADDRESS	3525 BAY CT	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LARY	
STREET ADDRESS	3625 BAY CT	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEFFCOAT, ELAINE	
STREET ADDRESS	3633 BAY CT.	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOPER, LOUISE	
STREET ADDRESS	3629 BAY COURT	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BUCKNER, JUNE	
STREET ADDRESS	3505 BAY CT	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLUHRER, PHYLLIS	
STREET ADDRESS	3504 BAY CT	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lary Williams	
STREET ADDRESS	3625 BAY CT	
CITY-ST-ZIP	Saint Cloud, FL 34769	
TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Klein	
STREET ADDRESS	3600 BAY CT.	
CITY-ST-ZIP	Saint Cloud, FL 34769	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Clark	
STREET ADDRESS	3621 BAY COURT	
CITY-ST-ZIP	Saint Cloud, FL 34769	
TITLE	Ass. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE BUCKNER	
STREET ADDRESS	3505 BAY CT.	
CITY-ST-ZIP	Saint Cloud, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Elaine Jeffcoat Treasurer Elaine Jeffcoat 1-22-07 407-957-5408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #