2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 29, 2008 8:00 am **Secretary of State** DOCUMENT # N01315 01-29-2008 90008 011 ****61.25 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-2506396 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEIN, GARY Street Address (P.O. Box Number is Not Acceptable) **3600 BAY CT** SAINT CLOUD, FL. 34796 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE 🗃 Delete TITLE Williams, Lary WILLIAMS, LARRY NAME NAME 3625 BAY CT ST Cloud, FL 34769 STREET ADDRESS 3625 BAY CT STREET ADDRESS SAINT CLOUD, FL 34769 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition KLEIN, Gary 3600 BAYCT. 57. Cloud, FL KLEIN, GARY NAME NAME STREET ADDRESS 3600 BAY CT STREET ADDRESS SAINT CLOUD, FL 34769 CITY-ST-ZIP CITY-ST-ZIP TOTE ☐ Delete TITLE Change ☐ Addition NAME JEFFCOAT, ELAINE NAME STREET ADDRESS 3633 BAY CT. STREET ADDRESS SAINT CLOUD, FL 34769 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Addition HIRACHETA, Shannon 3613 BAY ST, EL 34769 CLARK, KIMBERLY NAME NAME 3621 BAY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34769 CITY-ST-ZIP TITLE AS Delete TITLE Change Addition FULTON, Shirley 3617 BAY CT ST. Cloud FL 2U7 **BUCKNER, JUNE** NAME NAME STREET ADDRESS 3505 BAY CT STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34769 CITY-ST-ZIP TITLE TITLE Delete

Buckner, June 3505 BAYGT. ST. Cloud, FL 31 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FLUHRER, PHYLLIS

SAINT CLOUD, FL 34769

3504 BAY CT

Lary O, Klim G SIGNATURE AND TYPED OR PRONTED HAME OF ED GARY O. KLEIN

FILED