

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N01315

Entity Name: PINE LAKE VILLAS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3715 BAY COURT
SAINT CLOUD, FL 347695931

New Principal Place of Business:

Current Mailing Address:

3715 BAY COURT
SAINT CLOUD, FL 347695931

New Mailing Address:

FEI Number: 59-2506396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, GARY
3600 BAY CT
SAINT CLOUD, FL 34796 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILLIAMS, LARRY
Address: 3625 BAY CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: P () Delete
Name: KLEIN, GARY
Address: 3600 BAY CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: T () Delete
Name: JEFFCOAT, ELAINE
Address: 3633 BAY CT.
City-St-Zip: SAINT CLOUD, FL 34769

Title: S () Delete
Name: HIRACHETA, SHANNON
Address: 3613 BAY CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: AS () Delete
Name: FULTON, SHIRLEY
Address: 3617 BAY CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: BUCKNER, JANE
Address: 3505 BAY CT
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WOBIG, FAITH
Address: 3624 BAY CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PEGLER, ELAINE
Address: 3633 BAY CT.
City-St-Zip: SAINT CLOUD, FL 34769

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: RUSS, IRENE
Address: 3509 BAY CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE PEGLER

T

02/17/2009

Electronic Signature of Signing Officer or Director

Date