

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01315

FILED  
Jan 26, 2011  
Secretary of State

**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:**

BURKE, NANCY  
3524 BAY COURT  
SAINT CLOUD, FL 34769 US

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: NANCY BURKE

01/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: WILLIAMS, LARY  
Address: 3625 BAY COURT  
City-St-Zip: SAINT CLOUD, FL 34769

Title: P  
Name: BURKE, NANCY  
Address: 3524 BAY CT  
City-St-Zip: SAINT CLOUD, FL 34769

Title: T  
Name: FREEMAN, BARBARA  
Address: 3709 BAY CT  
City-St-Zip: SAINT CLOUD, FL 34769

Title: S  
Name: RUSS, IRENE  
Address: 3509 BAY CT  
City-St-Zip: SAINT CLOUD, FL 34769

Title: AS  
Name: BUCKNER, JUNE  
Address: 3505 BAY CT  
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: NANCY BURKE

P

01/26/2011

Electronic Signature of Signing Officer or Director

Date