2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001263

FILED Apr 03, 2007 Secretary of State

Entity Name: PINE LAKE AT GREEN ACRES TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2328 S. CC STE 1-C	NGRESS AVE				
	M BEACH, FL	33406			
Current Mailing Address:			New Maili	New Mailing Address:	
	NGRESS AVE				
SUITE 1-C WEST PAL	M BEACH, FL	33406			
FEI Number:	54-2074694	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
SUITE 108	ONALD V GHWAY ONE ALM BEACH, FI	_ 33408 US			
	named entity so of Florida.	ubmits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATUR					
	Electroni	s Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I MCGUIRE, HAZE 1064 WOODFIE GREENACRES,	LD ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () I DEMAROIS, GUI 1086 WOODFIE GREENACRES,	LD ROAD	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition DEMAROIS, GULIEMA 1086 WOODFIELD ROAD GREENACRES, FL 33415	
Title: Name: Address: City-St-Zip:	VD () I SREDINICKI, RC 1056 WOODFIE GREENACRES,	LD ROAD	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition SREDINICKI, ROBERT 1056 WOODFIELD ROAD GREENACRES, FL 33415	
Title: Name: Address: City-St-Zip:	TD () I GAGE, RICHARE 1143 WOODFIE GREENACRES,	LD RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LUCAS, KANDAO 1041 WOODFIE GREENACRES,	LD ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()1	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition IBANA, SHARI 1042 WOODFIELD RD GREENACRES, FL 33415	

I hereby certify that the information supplied with this filing does not qualify for the 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: HAZEL MCGUIRE PD 04/03/2007