

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 031 ****61.25

DOCUMENT # N02000001263					
1. Entity Name PINE LAKE AT GREEN ACRES TOWNHOME ASSOCIATION, INC.					
Principal Place of Business 2328 S. CONGRESS AVE STE 1-C WEST PALM BEACH, FL 33406			Mailing Address 2328 S. CONGRESS AVE SUITE 1-C WEST PALM BEACH, FL 33406		
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	01222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 54-2074694				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			7. Name and Address of New Registered Agent		
HILLEY, DONALD V 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME MCGUIRE, HAZEL STREET ADDRESS 1064 WOODFIELD ROAD CITY-ST-ZIP GREENACRES, FL 33415	<input type="checkbox"/> Delete				
TITLE VD NAME DEMAROIS, GULIEMA STREET ADDRESS 1086 WOODFIELD ROAD CITY-ST-ZIP GREENACRES, FL 33415	<input type="checkbox"/> Delete				
TITLE SD NAME SREDINICKI, ROBERT STREET ADDRESS 1056 WOODFIELD ROAD CITY-ST-ZIP GREENACRES, FL 33415	<input type="checkbox"/> Delete				
TITLE TD NAME GAGE, RICHARD STREET ADDRESS 1143 WOODFIELD RD CITY-ST-ZIP GREENACRES, FL 33415	<input checked="" type="checkbox"/> Delete				
TITLE D NAME LUCAS, KANDACE STREET ADDRESS 1041 WOODFIELD ROAD CITY-ST-ZIP GREENACRES, FL 33415	<input checked="" type="checkbox"/> Delete				
TITLE D NAME IBANA, SHARI STREET ADDRESS 1042 WOODFIELD RD CITY-ST-ZIP GREENACRES, FL 33415	<input checked="" type="checkbox"/> Delete				
TITLE D NAME JENNIFER PEASE STREET ADDRESS 1044 WOODFIELD ROAD CITY-ST-ZIP GREENACRES, FL 33415 TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE VP, SEC, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Hazel McGuire, President</u> <u>3.30.08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					