

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

E. Roberts MAY 03 2005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N02000006253</b> 1. Entity Name <b>PINECREST AT INLET BEACH HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>2000 INTERSTATE PARK DR SUITE 300</del> <del>MONTGOMERY, AL 36109</del>			Mailing Address <del>2000 INTERSTATE PARK DR SUITE 300</del> <del>MONTGOMERY, AL 36109</del>		
2. Principal Place of Business <b>204 South Monroe Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>204 South Monroe Street</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>47-0881832</b>	
Zip <b>32301</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <del>CORPORATE ACCESS INC</del> <del>286 EAST 6TH AVENUE</del> <del>TALLAHASSEE, FL 32301</del>			7. Name and Address of New Registered Agent Name <b>F. Philip Blank</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 South Monroe Street</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>		
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 <span style="float: right; margin-right: 50px;"><b>4-28-05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POOLE, RONALD T</b> <input checked="" type="checkbox"/> Delete <b>2000 INTERSTATE PARK DR SUITE 300</b> <b>MONTGOMERY, AL 36109</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/ &amp; D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>F. Philip Blank</b> <b>204 South Monroe Street</b> <b>Tallahassee, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCLEOD, P.L. JR</b> <input checked="" type="checkbox"/> Delete <b>2000 INTERSTATE PARK DR SUITE 300</b> <b>MONTGOMERY, AL 36109</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S &amp; D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alex Dunser</b> <b>1101 Channelside Dr., Suite 264</b> <b>Tampa, FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOROUGH, JOHN W</b> <input checked="" type="checkbox"/> Delete <b>2000 INTERSTATE PARK DR SUITE 300</b> <b>MONTGOMERY, AL 36109</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lawrence Collins</b> <b>2548 Rookworth Cove</b> <b>Germantown, TN 38139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Richard Lombard</b> <b>26 Central Drive</b> <b>Manhasset, NY 11030</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T &amp; D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stacy Small</b> <b>204 South Monroe Street</b> <b>Tallahassee, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		900054020049 05/06/05--01075--022 **150.00		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or all other like empowered.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <b>4-28-05</b>			Daytime Phone # <b>850/681-6710</b>		