2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

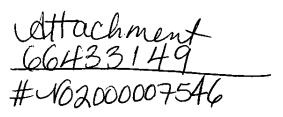
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SIGNATURE AND

Sep 08, 2004 8:00 am Secretary of State DOCUMENT # N02000007546 04-26-2004 91044 049 ****61.25 PINE NEEDLES HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business 66433149 3115 OBERLIN AVE 3115 OBERLIN AVE ORLANDO: FL 32804 ORLANDO: FL 32804 2. Principal Place of Business 3. Mailing Address 14700 O'CONNELL RY Suite, Apt. #, etc. Suite, Apt. #, etc. 08242004 CR2E037 (10/03) Chg-NP 4. FEI Number 20-1578260 City & State City & State Applied For CITY Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREDERICK KRUEGER JOHNSON, LEONARD H Street Address (P.O. Box Number is Not Acceptable) 37837 MERIDIAN AVE STE 314 DADE CITY, FL 33525 14700 O'CONNELL RD 3352S 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. FREDERKK KRUEGER SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 -PSTD-**Æ** Delete TITLE ☐ Change ☐ Addition TITLE TOUGAN, DANIEL O NAME NAME 3115 OBERLIN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32804 Delete ☐ Change ☐ Addition TIT) F TITLE JOHNSON::LEONARD H NAME NAME STREET ADDRESS STREET ADDRESS I-37838 MEDIAN AVENUE STE, 314 CITY-ST-ZIP CITY-ST-ZIP DADE CITY, FL 33525 D PST Change TITLE ☐ Delete TITLE ☐ Addition FREDERICK KRUEGER KRUEGER, FREDERICK NAME NAME 14700 O CONNELL RD 24514 MASON CT. STREET ADDRESS STREET ADDRESS DADE CITY FL 33525 **LUTZ FL 33559** CITY-ST-ZIP CITY-ST-ZIP Change Change Addition Delete TITLE TITLE D ROBERT PIERCE NAME 14524 O'COUNELL RD STREET ADDRESS STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, with all other like empowered.

PED OR PRINTED NAME O SIGNING OFFICER OR DIRECTOR

FILED



Form SS-4 (Rev. December 2001) Department of the		Application for Employer Identification Number				EIN		
		(For use by employers, corporations, partnerships, trusts, estates, churr government agencies, Indian tribal entities, certain individuals, and oth			rches,	20-1578260		
Treasury See separate instructions for each			line. F Keep a copy for your records.					
Internal Revenue Service See separate instructions for each line. Reep a copy for your records. OMB No. 1545-0003 1* Legal name of entity (or individual) for whom the EIN is being requested								
PINE I	NEEDLES HOMEON	WNERS ASSOCIATION INC		·				
2 Trade name of business (if different from name on line 1)				3* Executor, trustee, "care of" name FRED KRUEGER				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 14700 O CONNELL RD				Sa Street address (if different) (Do not enter a P.O. box)				
4b* City, state, and ZIP code Dade City FL 33525 -				5b City, state, and ZIP code				
•	and state where pri	ncipal business is located DE						
7a Name of principal officer, general partner, grantor, owner, or trustor				7b SSN, ITIN, EIN				
				Estate (SSN of decedent)				
	oprietor (SSN)		Plan administrator (SSN)					
☐ Partnership ☐ Corporation (enter form number to be filed) ►				☐ Trust (SSN of grantor) ☐ National Guard ☐ State/local government				
Personal Service				Farmers' cooperative				
Church or church-controlled organization				REMIC				
☑ Other nonprofit organization (specify) ► Home owners associat Group Exemption N0. (GEN) ►								
Other (s	specify) 🟲							
	poration, name the s le) where incorpora	state or foreign country ted	State IN		Foreign count	ry		
9* Reason for applying (check only one) ☐ Banking purpose (specify purpose) ▶								
I. → Started	☐ Started new business (specify type) ☐ Changed type of organization (specify new type) ▶							
and according according								
☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Created a trust (specify type) ►								
	specify) State of		-	oroatos a portatori piair (apoori)	, ,,,,,,			
	ousiness started or a	acquired (month, day, year)		11 Closing month of accounting	ng year			
		es were paid or will be paid (mor resident alien. (month, day, year,			agent, enter dat	е		
		ees expected in the next twelve r			Agriculture	Household	Other	
		mployees during the period, ente			<u>ŏ</u>	<u> </u>	0	
		ribes the principal activity of your	business	Health care & socia	l assistance	Wholesale-	agent/broker	
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesate-other								
Real es		nufacturing	insurance	Retail				
	specify) Home own	ers Association nerchandise sold; specific constr			a a a a a dala al			
	Owners Association		action work done	e, products produced, or services	s provided.			
16a* Has	the applicant ever a	pplied for an employer identificat	ion number for t	his or any other business?	Пү	es 🔽 No		
		ine 16a, give applicant's legal na	me and trade na	ame shown on prior application it	f different from li	ne 1 or 2 above.		
Legal nan Trade nar	ne 🕨			, ,	,			
16c Appro	ximate date when,	and city and state where, the app				if known.		
Approxim	ate date when filed	(month, day, year) City and	l state where file	d Pre	evious EIN -			
"	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form							
Third ! Party	Designee's name			Designee's telephone number (include area code)				
Designee	Address and ZIP of	ode		() -				
	-				Designee's I	fax number (include	e area code)	
Linder nena	lties of periury I declar	e that I have examined this application	n , and to the heet	of my knowledge and helief it is true				
correct, and		•	, 2.0	,		elephone number (i	include area code	

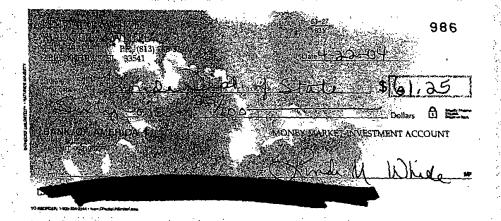
Print Review IRS Form SS-4 EIN

Page 2 of 2

Signature 🕨 Not Required

(813) 920 - 7434 Applicant's fax number (include area code) (813) 920 - 3864

CENTURY 21 BILL NYE Attachment 66433/49 #NO200007546



Bank of America | Account Activity | Transaction Details Screen

Page 1 of 1

Online Ba

Malj

Accounts

Bill Pay & e-Bills

Transfer Funds

Accounts Overview

Account Activity

Account Summary

Search

Transaction Detail

Account Type/Number: Interest Checking-0221

Type:

Check

Transaction Description:

Check 986

Reference Number:

05/04/2004 86640651755

\$61.25 Amount:

Please note: "View This Check" is no longer available for this item online. Check images are not available online for transactions after 65 bank business days. More information about images and image availability.

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Return to Account Activity

Accounts · Bill Pay & e-Bills · Transfer Funds · Customer Service · Mail · Help · Sign Off

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