

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

04-26-2004 91044 049 ****61.25

DOCUMENT # N02000007546

1. Entity Name
PINE NEEDLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**3115 OBERLIN AVE
ORLANDO, FL 32804**

Mailing Address
**3115 OBERLIN AVE
ORLANDO, FL 32804**

66433149



2. Principal Place of Business
14700 O'CONNELL RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

08242004 Chg-NP CR2E037 (10/03)

City & State
DADE CITY, FL

City & State

4. FEI Number
20-1578260
~~APPLIED FOR~~

Applied For
Not Applicable

Zip
33525

Country
US

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, LEONARD H
37837 MERIDIAN AVE STE 314
DADE CITY, FL 33525**

7. Name and Address of New Registered Agent

Name
FREDERICK KRUEGER

Street Address (P.O. Box Number is Not Acceptable)

14700 O'CONNELL RD

City
DADE CITY

FL Zip Code
33525

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

Signature, typed or printed name of registered agent and title if applicable.

FREDERICK KRUEGER

(NOTE: Registered Agent signature required when reinstating)

9/3/04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ~~PSTB~~ ☒ Delete
NAME **DUGAN, DANIEL O**
STREET ADDRESS **3115 OBERLIN AVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ~~D~~ ☒ Delete
NAME **JOHNSON, LEONARD H**
STREET ADDRESS **37837 MERIDIAN AVENUE STE. 314**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ~~D PST~~ ☐ Delete
NAME **KRUEGER, FREDERICK**
STREET ADDRESS **24514 MASON CT.**
CITY-ST-ZIP **WUTZ, FL 33559**

TITLE ~~D~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DPST~~ ☒ Change ☐ Addition
NAME **FREDERICK KRUEGER**
STREET ADDRESS **14700 O'CONNELL RD**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ~~D~~ ☐ Change ☒ Addition
NAME **ROBERT PIERCE**
STREET ADDRESS **14524 O'CONNELL RD**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/04

Date

813-920-7434

Daytime Phone #

Attachment
66433149
 #162000007546

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-1578260 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested PINE NEEDLES HOMEOWNERS 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			5a 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		
6* County and state where principal business is located County Pasco State DE					
7a Name of principal officer, general partner, grantor, owner, or trustor			7b SSN, ITIN, EIN		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Home owners associat <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State IN		Foreign country	
9* Reason for applying (check only one) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ State of FL requires			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) OCT 2 2002			11 Closing month of accounting year		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>				Agriculture 0	Household 0
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Home owners Association				<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Home Owners Association					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous 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	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			() - Designee's fax number (include area code) () -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	

Attachment
66433149

#162000007546

Signature ▶ Not Required	Date ▶ September 03, 2004 GMT	(813) 920 - 7434 Applicant's fax number (include area code) (813) 920 - 3864
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08/24/04 11:04 FAX 813 783 2724

CENTURY 21 BILL NYE

Attachment

66433149

#NO2000007546

0003

53-27
93Y

986

RE: (813) 335-3341
33541

Date 4-22-04

State of Florida \$61.25

100 Dollars

BANK OF AMERICA MONEY MARKET INVESTMENT ACCOUNT

Kimberly White

TO REORDER: 1-800-894-6241 or from OnlineInternet.com

Bank of America | Account Activity | Transaction Details Screen

Page 1 of 1

Bank of America  Higher Standards

Online Ba

Mail Help

[Accounts](#) | [Bill Pay & e-Bills](#) | [Transfer Funds](#) | [Customer Service](#)[Accounts Overview](#) | [Account Activity](#) | [Account Summary](#) | [Search](#)**Transaction Detail****Account Type/Number:** Interest Checking-0221**Type:** Check**Transaction Description:** Check 986**Date:** 05/04/2004**Reference Number:** 86640651755**Amount:** \$61.25

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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