

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90002 040 ****80.00



DOCUMENT # N02000009111
1. Entity Name
**PINE RIDGE OF VERO PROPERTY OWNERS
ASSOCIATION, INC.**

Principal Place of Business
**5865 PINE RIDGE CIRCLE
VERO BEACH FL 32967**

Mailing Address
**5865 PINE RIDGE CIRCLE
VERO BEACH FL 32967**



2. Principal Place of Business
5849 PINE RIDGE CIR.

3. Mailing Address
P.O. Box 690324

Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/06)

City & State
VERO BEACH FLORIDA

City & State
VERO BEACH FLORIDA

Zip
32967

Country
USA

Zip
32969

Country
USA

4. FEI Number
55-0832503

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PAQUETTE, PIERRE
5865 PINE RIDGE CIRCLE
VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

Name
LEE E. WOODARD

Street Address (P.O. Box Number is Not Acceptable)
5849 PINE RIDGE CIR.

City
VERO BEACH FL Zip Code
32967

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 *Lee E. Woodard* DATE 8/8/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

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 NAME STREET ADDRESS CITY - ST - ZIP	DP PAQUETTE, PIERRE 5865 PINE RIDGE CIRCLE VERO BEACH FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAQUETTE, JESSICA 5865 PINE RIDGE CIRCLE VERO BEACH FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ST-ONGE, THERESE 5865 PINE RIDGE CIRCLE VERO BEACH FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. LEE E. WOODARD 5849 PINE RIDGE CIR VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS. GLORIA BONELLI 5884 PINE RIDGE CIR VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. WILLIAM PICCIONE 5813 PINE RIDGE CIR VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. BARBARA LANDBAY 5805 PINE RIDGE CIR VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dir. PASQUALE LIBRILE 5840 PINE RIDGE CIR VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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: *Lee E. Woodard* DATE 8/8/06 772 794 970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR