


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90068 037 ****61.25

DOCUMENT # N02000009111			
1. Entity Name PINE RIDGE OF VERO PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 5849 PINERIDGE CIR VERO BEACH, FL 32967		Mailing Address PO BOX 690324 VERO BEACH, FL 32969	
2. Principal Place of Business - No P.O. Box # 5833 PINE RIDGE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 5833 PINE RIDGE CIRCLE Suite, Apt. #, etc.	
City & State VERO BEACH FL		City & State VERO BEACH FL	
Zip 32967	Country USA	Zip 32967	Country USA
4. FEI Number 55-0832503		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODARD, LEE E 5849 PINERIDGE CIR VERO BEACH, FL 32967		7. Name and Address of New Registered Agent Name: Joanne S. Rhodes Street Address (P.O. Box Number is Not Acceptable): 5844 Pine Ridge CR, 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: <u>Joanne S. Rhodes</u> DATE: <u>3/30/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: WOODARD, LEE E STREET ADDRESS: 5849 PINERIDGE CIR CITY-ST-ZIP: VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE: Lucille Lepore NAME: 5880 Pine Ridge Circle STREET ADDRESS: Vero Beach FL 32967 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BONELLI, GLORIA STREET ADDRESS: 5884 PIENRIDGE CIR CITY-ST-ZIP: VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE: Ellen J. Brower NAME: 5836 Pine Ridge Circle STREET ADDRESS: Vero Beach FL 32967 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PICCIONI, WILLIAM STREET ADDRESS: 5813 PINERIDGE CIR CITY-ST-ZIP: VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE: Theresa St.onge NAME: 5865 Pine Ridge Circle STREET ADDRESS: Vero Beach FL 32967 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: LANDRY, BARBARA STREET ADDRESS: 5805 PINERIDGE CIR CITY-ST-ZIP: VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE: Debra Wickors NAME: 5832 Pine Ridge Circle STREET ADDRESS: Vero Beach FL 32967 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ELAINE, PASQUALE STREET ADDRESS: 5840 PINERIDGE CIR CITY-ST-ZIP: VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE: Joanne S. Rhodes NAME: 5844 Pine Ridge Circle STREET ADDRESS: Vero Beach FL 32967 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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: <u>Debra Wickors</u> <u>Debra Wickors</u>		Date: <u>772-299-4169</u> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	