


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N02084		
1. Entity Name PINEBROOKE OWNERS ASSOCIATION, INC.		

Principal Place of Business % P.O. BOX 25531 TAMPA, FL 33622-5531 US	Mailing Address P.O. BOX 23488 TAMPA, FL 33623-3488 US
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DO NOT WRITE IN THIS SPACE

04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2390093	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 THE DIKMAN COMPANY 1315 S. HOWARD AVE TAMPA, FL 33606
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**DO NOT WRITE
IN THIS SPACE**

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 (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, THOMAS S 4301 WOODMERE RD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEHAN, JEFFREY 604 BAYSHORE BLVD STE., 650 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FUNK, CHARLES 601 BAYSHORE BLVD #650 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARON, LARRY 1211 PROPERTY SCIENCES, STE 200 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/09/05-80052-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4.6.05 813.251.1221
Date Daytime Phone #