

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02084

FILED
Mar 06, 2006
Secretary of State

Entity Name: PINEBROOKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% P.O. BOX 25531
TAMPA, FL 336225531 US

New Principal Place of Business:

P.O. BOX 23488
TAMPA, FL 336233488 US

Current Mailing Address:

P.O. BOX 23488
TAMPA, FL 336233488 US

New Mailing Address:

FEI Number: 59-2390093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE DIKMAN COMPANY
1315 S. HOWARD AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRAUSE, THOMAS S
Address: 4301 WOODMERE RD
City-St-Zip: TAMPA, FL 33619

Title: P () Delete
Name: MEEHAN, JEFFREY
Address: 604 BAYSHORE BLVD STE., 650
City-St-Zip: TAMPA, FL 33606

Title: DST () Delete
Name: FUNK, CHARLES
Address: 601 BAYSHORE BLVD #650
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: MARON, LARRY
Address: 1211 PROPERTY SCIENCES, STE 200
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LEDER, SEAN
Address: 6530 WEST ROGERS CIRCLE, SUITE #31
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: SANDERS, KIM
Address: 3500 LENOX ROAD, SUITE 501
City-St-Zip: ATLANTA, GA 30326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE FUNK

D

03/06/2006

Electronic Signature of Signing Officer or Director

Date