

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02084

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: PINEBROOKE OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

P.O. BOX 23488  
TAMPA, FL 336233488 US

## New Principal Place of Business:

1315 S. HOWARD AVENUE  
202  
TAMPA, FL 33611 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: PD ( ) Delete  
Name: LEDER, SEAN  
Address: 6530 WEST ROGERS CIRCLE, SUITE #31  
City-St-Zip: BOCA RATON, FL 33487

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SEAN LEDER

P

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date