

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004129

FILED
Feb 09, 2005
Secretary of State

Entity Name: PINE LAKE ESTATES HOMEOWNERS LEAGUE, INC.

Current Principal Place of Business:

704 AVOCADO STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

704 AVOCADO STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-0844102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, DOROTHY
704 AVOCADO STREET
ST. CLOUD, FL 34769 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: PD () Delete
Name: FISCHER, WESLEY
Address: 4515 PINE LAKE DRIVE
City-St-Zip: ST. CLOUD, FL 34769

Title: VD () Delete
Name: SOKLOVIC, JAMES
Address: 4500 LAKE TRUDY DRIVE
City-St-Zip: ST. CLOUD, FL 34769

Title: SD () Delete
Name: BLANDFORD, MARY LYNN
Address: 417 CHESTNUT STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: TD () Delete
Name: JENSEN, DOROTHY
Address: 704 AVOCADO STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: ANN, CHRISTINE
Address: 610 PONDEROSA DRIVE
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: JUSTICE, AL
Address: 1724 CYPRESS ST
City-St-Zip: ST. CLOUD, FL 34769

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:

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 Section 119.07(3)(i), 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: DOROTHY JENSEN

D

02/09/2005

Electronic Signature of Signing Officer or Director

Date