



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90372 035 ****61.25

DOCUMENT # N03000004129					
1. Entity Name PINE LAKE ESTATES HOMEOWNERS LEAGUE, INC.					
Principal Place of Business 704 AVOCADO STREET ST. CLOUD, FL 34769			Mailing Address 704 AVOCADO STREET ST. CLOUD, FL 34769		
2. Principal Place of Business 2001 Peachtree Blvd. Suite, Apt. #, etc.		3. Mailing Address 2001 Peachtree Blvd. Suite, Apt. #, etc.		40050990 	
City & State St. Cloud, FL		City & State St. Cloud, FL		03172006 Chg-NP CR2E037 (11/05)	
Zip 34769		Country		4. FEI Number 20-0844102	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JENSEN, DOROTHY 704 AVOCADO STREET ST. CLOUD, FL 34769			7. Name and Address of New Registered Agent Name: Thomas Darnell Street Address (P.O. Box Number is Not Acceptable): 2001 Peachtree Blvd. City: St. Cloud FL Zip Code: 34769		
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>Thomas Darnell, Treasurer</u> DATE: <u>3/22/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD NAME FISCHER, WESLEY STREET ADDRESS 4515 PINE LAKE DRIVE CITY-ST-ZIP ST. CLOUD, FL 34769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SOKLOVIC, JAMES STREET ADDRESS 4500 LAKE TRUDY DRIVE CITY-ST-ZIP ST. CLOUD, FL 34769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BLANDFORD, MARY LYNN STREET ADDRESS 417 CHESTNUT STREET CITY-ST-ZIP ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Elizabeth Gibson STREET ADDRESS 1801 Lago Ct. CITY-ST-ZIP St. Cloud, FL 34769	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME JENSEN, DOROTHY STREET ADDRESS 704 AVOCADO STREET CITY-ST-ZIP ST. CLOUD, FL 34769	<input type="checkbox"/> Delete		TITLE Director NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ANN, CHRISTINE STREET ADDRESS 610 PONDEROSA DRIVE CITY-ST-ZIP ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Thomas Darnell STREET ADDRESS 2001 Peachtree Blvd. CITY-ST-ZIP St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JUSTICE, AL STREET ADDRESS 1724 CYPRESS ST CITY-ST-ZIP ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete		TITLE D NAME Lisa Coamey STREET ADDRESS 2013 Peach tree Blvd. CITY-ST-ZIP St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" 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>Thomas Darnell</u> Thomas Darnell			3/22/06 407-847-4161 <small>Date Daytime Phone #</small>		