

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004129

FILED
Apr 23, 2009
Secretary of State

Entity Name: PINE LAKE ESTATES HOMEOWNERS LEAGUE, INC.

Current Principal Place of Business:

2001 PEACHTREE BLVD
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

2001 PEACHTREE BLVD
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:

DARNELL, THOMAS
2001 PEACHTREE BLVD
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: VD () Delete
Name: FISCHER, WESLEY
Address: 4515 PINE LAKE DRIVE
City-St-Zip: ST. CLOUD, FL 34769

Title: SD () Delete
Name: GIBSON, ELIZABETH
Address: 1801 LAGO CT
City-St-Zip: ST. CLOUD, FL 34769

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

Title: TD () Delete
Name: DARNELL, THOMAS
Address: 2001 PEACHTREE BLVD
City-St-Zip: ST. CLOUD, FL 34769

Title: PD () Delete
Name: COAMEY, LISA
Address: 2013 PEACH TREE BLVD
City-St-Zip: ST. CLOUD, FL 34769

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FISCHER, WESLEY
Address: 4515 PINE LAKE DRIVE
City-St-Zip: ST. CLOUD, FL 34769

Title: VD (X) Change () Addition
Name: GIBSON, ELIZABETH
Address: 1801 LAGO CT
City-St-Zip: ST. CLOUD, FL 34769

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: SD () Change (X) Addition
Name: RIDENOUR, VIRGINIA
Address: 2000 PEACHTREE BLVD
City-St-Zip: ST. CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS DARNELL

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date