


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90035 030 ****61.25

DOCUMENT # N03000007951 1. Entity Name PINEBROOK PRESERVE OWNERS ASSOCIATION, INC.					
Principal Place of Business 333 S TAMiami TRAIL STE 101 VENICE, FL 34285			Mailing Address 333 S TAMiami TRAIL STE 101 VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # 107 PRESERVE PL		3. Mailing Address 107 PRESERVE PL			
State, Apt. #, etc. VENICE, FL		State, Apt. #, etc. VENICE, FL			
City & State VENICE, FL		City & State VENICE, FL		4. FEI Number 51-0483449	
Zip 34275		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 VENICE, FL 34285			7. Name and Address of New Registered Agent Name ELAINE MANNS Street Address (P.O. Box Number is Not Acceptable) 107 PRESERVE PLACE City VENICE FL 34275		
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>Elaine Manns</u> <u>Elaine Manns</u> <u>5-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P	NAME PARRISH, JAYNE E		TITLE P	NAME ELAINE MANNS	
STREET ADDRESS 333 S TAMiami TRAIL, STE. 101	CITY-ST-ZIP VENICE, FL 34285		STREET ADDRESS 107 PRESERVE PLACE	CITY-ST-ZIP VENICE, FL 34275	
TITLE M	NAME MILLER, MICHAEL W		TITLE VP	NAME RON BORATO	
STREET ADDRESS 333 S TAMiami TRAIL, STE 101	CITY-ST-ZIP VENICE, FL 34285		STREET ADDRESS 107 PRESERVE PLACE	CITY-ST-ZIP VENICE, FL 34275	
TITLE STD	NAME CONDIT, CLIFF		TITLE STD	NAME RICHARD FULLER	
STREET ADDRESS 333 S. TAMiami TRAIL STE 101	CITY-ST-ZIP VENICE, FL 34285		STREET ADDRESS 107 PRESERVE PLACE	CITY-ST-ZIP VENICE, FL 34275	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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>Elaine Manns</u>			SIGNATURE: <u>Elaine Manns</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>5-7-08</u> Daytime Phone # <u>941-484-0753</u>		