2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90237 043 ****61.25

DOCUMENT # N03077

1. Entity Name
PINE RUN RESIDENTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
10061 SW 95 AVE OCALA, FL 34481 US	10061 SW 93 AVE OCALA, FL 34481 US

04172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10360 SW 88 Terrace	10360 SW 88 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34481 Country: USA	Zip: 34481 Country: USA

4. FEI Number: 59-1239909 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, JEANNE 10061 SW 95 AVE OCALA, FL 34481	Name: Emanuel Rappaport Street Address (P.O. Box Number is Not Acceptable): 9921 SW 101 Place City: Ocala FL Zip Code: 34481

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: Emanuel Rappaport Emanuel Rappaport, Pres. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CUMMINGS, PAULINE 10171 SW 93 AVE OCALA, FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rappaport, Emanuel 9921 SW 101 Place Ocala FL 34481	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP RAPPAPORT, EMANUAL el 9921 SW 101 PL OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 VP Pelchat, James 8955 SW 102nd Lane Ocala FL 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP WILLIAMS, ROBERT 8954 SW 101 PL OCALA, FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 VP Van Stee, Robert E. 9661 SW 102 Place Ocala FL 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSEC KALISH, CAROL 10021 SW 99 TER OCALA, FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSEC Ayre, Joyce 10181 SW 88 Terrace Ocala FL 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSEC PELCHAT, GAIL 8955 SW 102 LN OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Treas. Hultquist, Charles W. 10416 SW 98 Terrace Ocala FL 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MAHER, BARBARA 9410 101 LN. OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Emanuel Rappaport President Emanuel Rappaport 4/24/07 352-351-0680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #