

N:05000002633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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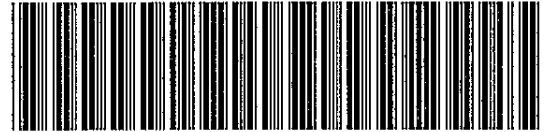
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: PINE LAKE ESTATES Property Owners Association  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
OF POINT BAKER, INC.

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: JOHN Philip Dolan  
Name (Printed or typed)

7469 Pine Lake Dr.  
Address

MILTON FL. 32570  
City, State & Zip

850 748 6594  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: PINE LAKE ESTATES PROPERTY OWNERS ASSOCIATION OF  
POINT BAKER, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 6216 SILVER OAKS DR.  
MILTON FL. 32570

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
This is for a multiple-property homeowners/property owners association  
and is needed to preserve the concept of planned residential living

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
After prior notification, a special meeting is called where a 2/3 approval  
vote of association Members identifies appointed Directors

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):  
1 President - Jim LeLond  
2 Vice President - FRANK SARVER  
3 Secretary - Maurgen Stuckey  
4 Treasurer - Loretta Richter

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
JOHN Philip Dolan  
7469 PINE LAKE DR.  
MILTON FL. 32570

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: JOHN P. Dolan  
7469 PINE LAKE DR.  
MILTON FL. 32570

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

3-3-05

3-3-05