

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90004 023 ****61.25

DOCUMENT # N05000002633					
1. Entity Name PINE LAKE ESTATES PROPERTY OWNERS ASSOCIATION OF POINT BAKER, INC.					
Principal Place of Business 6216 SILVER OAKS DRIVE MILTON, FL 32570			Mailing Address 6216 SILVER OAKS DRIVE MILTON, FL 32570		
2. Principal Place of Business - No P.O. Box # 7547 BOWERS DR Suite, Apt. #, etc.		3. Mailing Address 7547 BOWERS DR Suite, Apt. #, etc.			
City & State MILTON, FL		City & State MILTON, FL		4. FEI Number 55-0890964	
Zip 32570		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLON, JOHN PHILIP 7469 PINE LAKE DRIVE MILTON, FL 32570			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$81.25 Due by September 14, 2007		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 NESENSEN, RALPH STREET ADDRESS 61 BOWERS STREET CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE VP NAME 7443 FORESTWOOD DR STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SARVER, FRANK STREET ADDRESS 6216 SILVER OAKS DRIVE CITY-ST-ZIP MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE VP NAME BARNETT GREEN STREET ADDRESS 7514 BOWERS DR CITY-ST-ZIP MILTON FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME STUCKEY, MAUREEN STREET ADDRESS 6216 SILVER OAKS DRIVE CITY-ST-ZIP MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE S NAME CYNTHIA MYERS STREET ADDRESS 6429 RICKORY WOOD DR CITY-ST-ZIP MILTON FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME RICHTER, LORETTA STREET ADDRESS 6216 SILVER OAKS DRIVE CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE VP NAME 7547 BOWERS DR STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>RALPH NESENSEN</u> <u>6-11-07</u> <u>800-313-6637</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					