

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90023 038 \*\*\*\*61.25

<b>DOCUMENT # N05000002633</b>					
<b>1. Entity Name</b> <b>PINE LAKE ESTATES PROPERTY OWNERS ASSOCIATION OF POINT BAKER, INC.</b>					
<b>Principal Place of Business</b> <b>7547 BOWERS DR</b> <b>MILTON, FL 32570</b>			<b>Mailing Address</b> <b>7547 BOWERS DR</b> <b>MILTON, FL 32570</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>55-0890964</b>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>DOLON, JOHN PHILIP</b> <b>7469 PINE LAKE DRIVE</b> <b>MILTON, FL 32570</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NESENSEN, RALPH</b> <b>7443 FORESTWOOD DR</b> <b>MILTON, FL 32570</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRAMEN, EARNEST</b> <b>7514 ROWERS DR</b> <b>MILTON, FL 32570</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MYERS, CYNTHIA</b> <b>6429 HICKORY WOOD DR</b> <b>MILTON, FL 32570</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RICHTER, LORETTA</b> <b>7547 BOWERS DR</b> <b>MILTON, FL 32570</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
<b>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.</b>					
<b>SIGNATURE:</b> _____			1-8-08 850-313-6637		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		