

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002633

FILED
Jun 29, 2009
Secretary of State

Entity Name: PINE LAKE ESTATES PROPERTY OWNERS ASSOCIATION OF POINT BAKER, INC.

Current Principal Place of Business:

7547 BOWERS DR
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

7547 BOWERS DR
MILTON, FL 32570

New Mailing Address:

FEI Number: 55-0890964 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOLON, JOHN PHILIP
7469 PINE LAKE DRIVE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NESENSEN, RALPH
Address: 7443 FORESTWOOD DR
City-St-Zip: MILTON, FL 32570

Title: VP () Delete
Name: MCURDY, AARON
Address: 7487 PINE LAKE CIRCLE
City-St-Zip: MILTON, FL 32570

Title: S () Delete
Name: MYERS, CYNTHIA
Address: 6429 HICKORY WOOD DR
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: RICHTER, LORETTA
Address: 7547 BOWERS DR
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DOLAN, DAWNA
Address: 7460 PINE LAKE DRIVE
City-St-Zip: MILTON, FL 32570

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH NESENSEN

P

06/29/2009

Electronic Signature of Signing Officer or Director

Date