

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N05000007560

1. Entity Name
PINE ACRES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**10837 TEBO TRAIL
TALLAHASSEE, FL 32305**

Mailing Address
**10837 TEBO TRAIL
TALLAHASSEE, FL 32305**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1124159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEWELL, BEVERLY
10837 TEBO TRAIL
TALLAHASSEE, FL 32305**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLIAMS, DENNIS
11139 BRIGHT STAR CIRCLE
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DODSON, SR, RONNIE
11298 KELLI LOOP
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EARNST, TRAY
11207 BRIGHT STAR CIRCLE
TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000804463
01/29/07-80055-005 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 850-421-6610