


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90233 040 ****61.25

DOCUMENT # N06000007398
 1. Entity Name
PINE LAUREL HOMEOWNERS ASSOCIATION, INC.



40084000

Principal Place of Business
 1701 HERMITAGE BLVD
 TALLAHASSEE, FL 32308

Mailing Address
 1701 HERMITAGE BLVD
 TALLAHASSEE, FL 32308



2. Principal Place of Business - No P.O. Box #
Martin Design & const, inc.
 Suite, Apt. #, etc.
4030 N. Monroe St. Suite M
 City & State
Tallahassee Florida

3. Mailing Address
4030 N. Monroe St.
 Suite, Apt. #, etc.
Suite M
 City & State
Tallahassee Florida

04172007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MANAUSA, DANIEL E ESQ
3520 THOMASVILLE RD
FOURTH FLOOR
TALLAHASSEE, FL 32309

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 _____
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	BETTINGER, JIM 1701 HERMITAGE BLVD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE D TAM BALDWIN 4030 N. MONROE ST SUITE M Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	PARRISH, ROBERT 1701 HERMITAGE BLVD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE D JANA BALDWIN 4030 N. MONROE ST. SUITE M Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	BEHRMAN, DOUG 1701 HERMITAGE BLVD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE D Morgan Swinson 4030 N. MONROE ST SUITE M Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" 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
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: _____ **4/24/2007** **860.894.3330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #