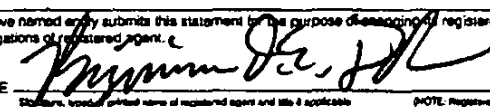
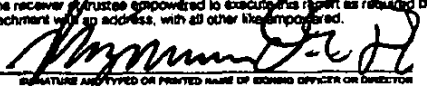


FILED
Jun 14, 2007 8:00 am
Secretary of State

05-08-2007 90013 019 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000012550		
1. Entity Name SHOPPES AT PINE LAKES OWNERS ASSOCIATION, INC.		
Principal Place of Business 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801		Mailing Address 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 20-8418344		Applied For Not Applicable
5. Certificate of Status Desired ☒ FL		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801		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 designating a registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.		
SIGNATURE:  DATE: _____ (NOTE: Registered Agent signature required when reappointing)		
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAME: William D Drost TITLE: President STREET ADDRESS: 500 S Florida Ave Suite 700 CITY-ST-ZIP: Lakeland FL 33801 NAME: Benjamin D E Falk TITLE: Treasurer STREET ADDRESS: 500 S Florida Ave Suite 700 CITY-ST-ZIP: Lakeland, FL 33801		Make check payable to Florida Department of State
11. 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 information.		
SIGNATURE:  Benjamin D E Falk		4/27/07 863.647.1581