

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012550

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** SHOPPES AT PINE LAKES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 20-8418344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PETER A MCFARLANE PA  
500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 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: DP  
Name: DROST, WILLIAM D  
Address: 500 S FLORIDA AVE, SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: DVPT  
Name: FALK, BENJAMIN D  
Address: 500 S FLORIDA AVE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: DS  
Name: EBDROP, BRIDGET  
Address: 500 S FLORIDA AVENUE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: AT  
Name: KELLEY, KIM S  
Address: 500 S FLORIDA AVENUE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: KIM S KELLEY

AT

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date