

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08077

FILED
Sep 07, 2004
Secretary of State**Entity Name:** PINE RIDGE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**37 PINE RIDGE
LAKE WALES, FL 33898 US**New Principal Place of Business:****Current Mailing Address:**37 PINE RIDGE
LAKE WALES, FL 33898 US**New Mailing Address:****FEI Number:** 59-2610392**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WOLKINS, SHEILA A
9 PINE RIDGE
LAKE WALES, FL 33898 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: PAYE, RONALD
Address: 24 PINE RIDGE
City-St-Zip: LAKE WALES, FL 33898**Title:** ST () Delete
Name: BERRY, DORIS
Address: 4 PINE RIDGE
City-St-Zip: LAKE WALES, FL 33898**Title:** DVD () Delete
Name: PAYE, RONALD
Address: 24 PINE RIDGE
City-St-Zip: LAKE WALES, FL 33898**Title:** D () Delete
Name: BROSIUS, FRANK
Address: 16 PINE RIDGE
City-St-Zip: LAKE WALES, FL 33898**Title:** TD () Delete
Name: WOLKINS, SHEILA
Address: 9 PINE RIDGE
City-St-Zip: LAKE WALES, FL 33898**Title:** VP () Delete
Name: MCCALL, BOBBY
Address: 7 PINE RIDGE
City-St-Zip: LAKE WALES, FL 33898**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHEILA WOLKINS

TD

09/07/2004

Electronic Signature of Signing Officer or Director

Date