

2007 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 14 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08077

1. Corporation Name

PINE RIDGE OWNERS ASSOCIATION, INC

2. Principal Office Address

37 PINE RIDGE RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE WALES FLORIDA

Zip

33898

Country

POLK

City & State

Zip

Country

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CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD C PAYE

Street Address (P.O. Box Number is Not Acceptable)

24 PINE RIDGE

Suite, Apt. #, Etc.

City

LAKE WALES FL

State

FL

Zip Code

33898

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Ronald C Paye

REGISTERED AGENT MUST SIGN

Date 18 Feb 07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ronald C Paye	24 Pine Ridge	LAKE WALES FL 33898
VICE PRES.	Norman Knepper	29 Pine Ridge	LAKE WALES, FL 33898
Board member	ANTHONY THOMAS	19 PINE RIDGE	LAKE WALES FL 33898
SEC	MARYAILE LEITER	20 PINE RIDGE	LAKE WALES, FL 33898
Treas	TINA KINSLEY	36 PINE RIDGE	LAKE WALES FL 33898

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

868-69643953

SIGNATURE:

Ronald Paye

Ronald Paye

Date

18 Feb 07

Daytime Phone #

jc 3/20