


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 037 \*\*\*\*61.25

<b>DOCUMENT # N10229</b>					
1. Entity Name PINE FOREST OAKS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 3374 PINE FOREST ROAD CANTONMENT, FL 32533 US		Mailing Address PO BOX 471 GONZALEZ, FL 32560 US			
2. Principal Place of Business 3342 Pine Forest Rd		3. Mailing Address PO Box 471			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cantonment FL		City & State Gonzalez FL		4. FEI Number 59-3011108	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32533		Country US		Zip 32560	
Country US		6. Name and Address of Current Registered Agent FRANKLIN, NORMAN 3374 PINE FOREST ROAD CANTONMENT, FL 32533			
7. Name and Address of New Registered Agent Name Vicki Breeland		Street Address (P.O. Box Number is Not Acceptable) 3342 Pine Forest Rd			
City Cantonment		FL		Zip Code 32533	
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: Vicki Breeland, Treasurer				DATE: 4-12-06	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VSD	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARK		NAME	Mark Smith	
STREET ADDRESS	224 E. GARDEN STE 33		STREET ADDRESS	224 E Garden Ste 33	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, SHARON		NAME	Tony Apap	
STREET ADDRESS	3324 PINE FOREST RD		STREET ADDRESS	5068 Roland Rd	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pace FL 32571	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAINE, PETER		NAME		
STREET ADDRESS	1013 MALDONADO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREELAND, VICKY		NAME	Vicki Breeland	
STREET ADDRESS	3342 PINE FOREST ROAD		STREET ADDRESS	3342 Pine Forest Rd	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Cantonment FL 32533	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, NORMAN		NAME	Beverly Lentz	
STREET ADDRESS	3374 PINE FOREST RD		STREET ADDRESS	3350 Pine Forest Rd	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Cantonment FL 32533	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Vicki Breeland			Vicki Breeland		4-12-06 850-712-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40063100



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