


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 047 ****61.25

DOCUMENT # N10229

1. Entity Name
PINE FOREST OAKS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 3342 PINE FOREST RD CANTONMENT, FL 32533 US	Mailing Address PO BOX 471 GONZALEZ, FL 32560 US
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40071454



03152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3011108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BREELAND, VICKI
 3342 PINE FOREST RD
 CANTONMENT, FL 32533**

DO NOT WRITE IN THIS SPACE

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 Vicki Breeland* 4-11-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MARK 224 E. GARDEN STE 33 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APAP, TONY 5068 RULAND RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONTAINE, PETER 1013 MALDONADO DRIVE PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREELAND, VICKI 3342 PINE FOREST ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LENTZ, BEVERLY 3350 PINE FOREST RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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* 4-11-07 850-478-7998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #