

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12514

FILED
Apr 05, 2008
Secretary of State

Entity Name: PINE LAKE HOMEOWNERS ASSOCIATION, UNIT NO. 5, INC.

Current Principal Place of Business:

C/O MARJORIE GILLGAN
551 SEA PINE CIRCLE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 36005
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 59-2881945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIGAN, MARJORIE
551 SEA PINE CIR
PENSACOLA, FL 32506 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: PD () Delete
Name: HAWLEY, MIKE,
Address: 662 SEA PINE CIR.
City-St-Zip: PENSACOLA, FL 32506

Title: VPD () Delete
Name: WHEELER, DAVE
Address: 583 SEA PINE CIR
City-St-Zip: PENSACOLA, FL 32506

Title: TD () Delete
Name: GILLIGAN, MARJORIE
Address: 551 SEA PINE CIRCLE.
City-St-Zip: PENSACOLA, FL 32506

Title: SD () Delete
Name: BAXTER, RUSS,
Address: 654 CEDAR BLUFF DRIVE
City-St-Zip: PENSACOLA, FL 32506

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
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BAXTER, RUSS
Address: 654 CEDAR BLUFF DRIVE
City-St-Zip: PENSACOLA, FL 32506

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARJORIE GILLIGAN

TD

04/05/2008

Electronic Signature of Signing Officer or Director

_____ Date