


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90408 034 ****61.25

DOCUMENT # N13207 1. Entity Name PINE BLUFF OWNERS ASSOCIATION, INC.					
Principal Place of Business 4003 HARTLEY RD JACKSONVILLE, FL 32257 US			Mailing Address 4003 HARTLEY RD JACKSONVILLE, FL 32257 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 53-4444224	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTREU, BRYAN 4003 HARTLEY RD JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, NANCY 2367 IRONSTONE DRIVE WEST JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILI BOB 2276 JADESTONE DR JAX FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEREMETA, NICHLOS 616 OAK ST NEPTUNE BEACH, FL 32266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BHARGAVA SAM 2279 JADESTONE DR JAX FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEARHEART, CAROL 2417 IRONSTONE DR W JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEARHART CAROL 2417 IRONSTONE DR. W JAX FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANOINE, YOLANDE 2374 BITTERNUT WAY JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWANKE WILLIAM 2349 IRONSTONE DR W JAX FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROURKE, WILLIAM 2349 IRONSTONE DR W JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWANKE WILLIAM 2349 IRONSTONE DR W JAX FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Nancy J. Davis</u> <u>4/18/08</u> <u>904-996-7308</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					