

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13285

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** PINE MEADOWS CONDOMINIUM ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

3213 MURRELL RD  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 560094  
ROCKLEDGE, FL 329560094 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JAMES, HEZEKIAH  
3213 MURRELL RD. #108  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

HELMS, WALT  
10 RENEE CT.  
ROCKLEDGE, FL 32955 US

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: WALT HELMS

07/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: CREWS, RUTH,  
Address: 3213 MURRELL RD #207  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: SANDERSON, ERMAJANE  
Address: 3213 MURRELL RD # 206  
City-St-Zip: ROCKLEDGE, FL 32955

Title: P ( ) Delete  
Name: JAMES, HEZEKIAH  
Address: 3213 MURRELL ROAD #108  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete  
Name: BRUCE, MARGIE  
Address: 3213 MURRELL RD. #203  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: HUBER, KIM,  
Address: 3213 MURRELL RD #104  
City-St-Zip: ROCKLEDGE, FL 32955

Title: P (X) Change ( ) Addition  
Name: HELMS, WALT  
Address: 10 RENEE CT.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV (X) Change ( ) Addition  
Name: BRUCE, MARGIE  
Address: 3213 MURRELL RD. #203  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALT HELMS

P

07/06/2006

Electronic Signature of Signing Officer or Director

Date