

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 047 ****61.25

DOCUMENT # N19348 1. Entity Name PINE RUN HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 12650 WHITEHALL DR FORT MYERS, FL 33907 US		Mailing Address C/O BENSON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907 US	
2. Principal Place of Business - No P.O. Box # Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907		3. Mailing Address Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	
4. FEI Number 65-0052674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name <u>HAYDEN, KEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>8359 Beacon Blvd. Suite 213</u> <u>Ft. Myers, FL 33907</u> City _____ Code _____	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4-11-08</u> <small>(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 P <input type="checkbox"/> Delete NAME KRESPACH, CHARLES STREET ADDRESS 9395 WINDLAKE DRIVE CITY-ST-ZIP FT. MYERS, FL 33912	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME MADURO, NICK STREET ADDRESS 18873 PINE RUN LANE CITY-ST-ZIP FT. MYERS, FL 33912	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> Delete NAME MACGOWAN, JOANNE STREET ADDRESS 18908 PINE RUN LANE CITY-ST-ZIP FORT MYERS, FL 33912	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD <input checked="" type="checkbox"/> Delete NAME HASE, ALLAN STREET ADDRESS 19245 PINE RUN LANE CITY-ST-ZIP FT MYERS, FL 33912	TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BURNS, ALLAN STREET ADDRESS 19016 PINE RUN LANE CITY-ST-ZIP FT. MYERS, FL 33912		
TITLE D <input type="checkbox"/> Delete NAME MADURO, LISA STREET ADDRESS 18873 PINE RUN LANE CITY-ST-ZIP FORT MYERS, FL 33912	TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE PM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ken Hayden STREET ADDRESS 8359 Beacon Blvd, Suite 213 CITY-ST-ZIP Ft Myers, FL 33907		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions cc... I hereby 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-11-08</u> Daytime Phone # _____	

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