

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90028 037 \*\*\*\*61.25

<b>DOCUMENT # N21581</b> 1. Entity Name <b>PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>6854 SE MORNINGSTAR DR STUART, FL 34997 US</b>			Mailing Address <b>6854 SE MORNINGSTAR DR STUART, FL 34997 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2823982</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HARRIS, OLIVER H 10 CENTRAL PKWY SUITE 240 STUART, FL 34994</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVISON, BILL <input checked="" type="checkbox"/> Delete 4481 SE COTTONWOOD TR STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM SCHULTZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4715 SE DOGWOOD TERR. STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACON, EUGENE <input type="checkbox"/> Delete 4492 SE SWEETWOOD WAY STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACON, EUGENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4492 SE SWEETWOOD WAY STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANSBERRY, GERALDINE <input checked="" type="checkbox"/> Delete 6990 SE MORNINGSTAR DR STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLADYS SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6947 SE SWEETWOOD TER STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGRATH, LOUIS <input checked="" type="checkbox"/> Delete 4551 COTTONWOOD TR STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNY HAEGELE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4501 SE COTTONWOOD TER STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGGOTT, DENNIS <input type="checkbox"/> Delete 407758 BALSWOOD TR STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL GEORGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4511 SE COTTONWOOD TER STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JANE <input type="checkbox"/> Delete 4750 BYWOOD TR STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, JANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4750 SE BYWOOD TER STUART, FL 34997	
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.					
<b>SIGNATURE:</b> <u>Jane Lewis</u> <b>JANE LEWIS</b> <u>2-12-07</u> <u>7722870670</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					