


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90023 041 ****61.25

DOCUMENT # N21581 1. Entity Name PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6854 SE MORNINGSTAR DR STUART, FL 34997 US			Mailing Address 6854 SE MORNINGSTAR DR STUART, FL 34997 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2823982	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, OLIVER H 10 CENTRAL PKWY SUITE 240 STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P SHULTZ, WILLIAM 4715 SE DOGWOOD TERR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACON, EUGENE 4492 SE SWEETWOOD WAY STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	S SMITH, GLADYS 6947 SE SWEETWOOD WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORTON, JANET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4512 SE COTTONWOOD TER STUART FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAEGELE, PENNY 4501 SE COTTONWOOD TERR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEORGE, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4511 SE COTTONWOOD TER STUART FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGGOTT, DENNIS 407758 BALSWOOD TR STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, JANE 4750 SE BYWOOD TERR STUART, FL 34997	<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>Jane Lewis</u> JANE Lewis			1-23-08		7722870670
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>