

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90018 037 \*\*\*\*61.25



<b>DOCUMENT # N23733</b>	
1. Entity Name <b>PINE ISLAND COVE HOMEOWNERS ASSOCIATION, INC.</b>	
Principal Place of Business <b>7290 LADYFISH DRIVE ST. JAMES CITY FL 33956-2723</b>	Mailing Address <b>7290 LADYFISH DRIVE ST. JAMES CITY FL 33956-2723</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



1st MOORE CR2E037 (10/06)

4. FEI Number <b>65-0028951</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>WILLIAMS, PAUL R 4945 GULFGATE LN SAINT JAMES CITY FL 33956</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b>   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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AUGE, EUGENE</b> <b>7084 DRUM DR</b> <b>SAINT JAMES CITY FL 33956</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President</b> <b>Earl Scott</b> <b>7181 Drum Dr. St. James City, FL 33956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAMS, PAUL</b> <b>4948 GULFGATE LA</b> <b>SAINT JAMES CITY FL 33956</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President</b> <b>Frank Zaino</b> <b>4800 Gulfgate Ln.</b> <b>St. James City, FL 33956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SILVA, EVELYN</b> <b>7168 DRUM DR</b> <b>SAINT JAMES CITY FL 33956</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary</b> <b>Lee Mahannah</b> <b>4952-Gulfgate Ln.</b> <b>St. James City, FL 33956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BROOKHART, RALPH</b> <b>4915 NEEDLEFISH LANE</b> <b>SAINT JAMES CITY FL 33956</b> <input checked="" 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	<b>TREA</b> <b>TRIEZENBERG, GERALD</b> <b>7204 DRUM DR</b> <b>SAINT JAMES CITY FL 33956</b> <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	<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 Section 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:** *Gerald H. Triezenberg* **GERALD H. TRIEZENBERG (TREA)** **7-27-07 (231) 293-3100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #