

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90021 046 ****61.25

DOCUMENT # N23733

1. Entity Name

PINE ISLAND COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

7290 LADYFISH DRIVE
ST. JAMES CITY FL 33956-2723

Mailing Address

7290 LADYFISH DRIVE
ST. JAMES CITY FL 33956-2723

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0028951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, PAUL R
4945 GULFGATE LN
SAINT JAMES CITY FL 33956

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

x Paul R. Williams

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature and used when constituting)

DATE

2-18-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☒ Delete
NAME SCOTT, EARL
STREET ADDRESS 7181 DRUM DR.
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE P ☐ Delete
NAME WILLIAMS, PAUL
STREET ADDRESS 4948 GULFGATE LA
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE VP ☐ Delete
NAME ZAINO, FRANK
STREET ADDRESS 4800 GULFGATE LN
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE S ☐ Delete
NAME MAHANNAH, LEE
STREET ADDRESS 4952 GULFGATE LN
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE T ☐ Delete
NAME TRIEZENBERG, GERALD
STREET ADDRESS 7204 DRUM DR
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME Brookhart, Ralph
STREET ADDRESS 4915 Needlefish Lane
CITY-ST-ZIP St. James City, FL 33956

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

x Paul R. Williams

2-18-08