

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

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90021 036 ****61.25

DOCUMENT # N25894
 1. Entity Name
PINE RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O GLENDA SLOCUM #82 LAKELAND FL 33809 7405 N. SOCRUM LOOP RD #82 LAKELAND FL 33809



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2883364**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRISTOL, MARY
7405 N SOCRUM HARP RD 78
LAKELAND FL 33809

7. Name and Address of New Registered Agent
 Name **7405 N. Socrum loop Rd. h.o.T. 78**
 Street Address (P.O. Box Number is Not Acceptable)
Lakeland **71** **33809**
 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 *Mary Bristol* DATE **2-27-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: SD <input checked="" type="checkbox"/> Delete	NAME: SEAVER, JONELL STREET ADDRESS: 7405 N SOCRUM LOOP RD 41 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: DT <input type="checkbox"/> Delete	NAME: BRISTOL, MARY STREET ADDRESS: 7405 N SOCRUM LOOP 78 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: PD <input checked="" type="checkbox"/> Delete	NAME: ROBERTS, MORRIS STREET ADDRESS: 7405 N. SOCRUM LOOP RD #9 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: BRISTOL, HUGH STREET ADDRESS: 7405 N. SOCRUM LP #9 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: MARTIN, JOHN STREET ADDRESS: 7405 N. SOCRUM LOOP RD #25 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: NORMAN PETERSON STREET ADDRESS: 7405 N. SOCRUM LOOP RD 80 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: BILL SADWICK STREET ADDRESS: 7405 N. SOCRUM LOOP RD 12 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: CHRIS GLENN STREET ADDRESS: 7405 N. SOCRUM LOOP RD 101 CITY - ST - ZIP: LAKELAND FL 33809
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY - ST - ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY - ST - ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Bristol* DATE: **2-27-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #