

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



FILED

2008 OCT 30 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N25894</b>		1. Entity Name <b>PINE RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>	
Principal Place of Business <b>G/O GLENDA SLOGUM #82 LAKELAND FL 33809</b>		Mailing Address <b>7405 N. SOCRUM LOOP RD #20 LAKELAND FL 33809</b>	
2. Principal Place of Business - No P.O. Box # <b>Loop</b> <b>7405 N. SOCRUM LOOP</b>		3. Mailing Address <b>7405 N. SOCRUM LOOP #20</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKELAND, FL 33809</b>		City & State <b>LAKELAND, FL 33809</b>	
Zip		Zip	
Country		Country	
4. FEI Number <b>59-2883364</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

2nd MOORE CR2E037 (4/08)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>BRISTOL, MARY</b> <b>7405 N SOCRUM LOOP RD LOT 78</b> <b>LAKELAND FL 33809</b>		Name Street Address (P.O. Box Number is Not Acceptable) City State: <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: NORMAN PETERSON Norman Peterson 10-2-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 3, 2008</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	PD PETERSON, NORMAN 7405 N. SOCRUM LOOP LOT 20 LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200136688822</b> <b>10/07/08--01009--006 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRISTOL, MARY 7405 N SOCRUM LOOP 78 LAKELAND FL 33809 <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	VD <del>SADWICK, BILL</del> <del>7405 N SOCRUM LOOP LOT 12</del> <del>LAKELAND FL 33809</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RAY HARVEY</b> <b>7405 N. SOCRUM LOOP</b> <b>LAKELAND, FL 33809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLENN, CHRIS 7405 N. SOCRUM LOOP LOT 101 LAKELAND FL 33809 <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
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 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: Norman Peterson Mary Bristol 10-27-08  
10-2-08