

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N29520

1. Entity Name
PINE FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.



FILED
Apr 14, 2004 08:00 AM
Secretary of State

Principal Place of Business
5614 W MURPHY CT
BOX 3543
HOMOSASSA, FL 34446 US

Mailing Address
5614 W MURPHY CT
BOX 3543
HOMOSASSA, FL 34446 US



03242004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2859824

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINAPI, HELEN F
5614 W MURPHY CT
HOMOSASSA, FL 34446

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000112835
04/14/04-80039-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KENNEDY, LILLIAN A.
5737 W. MURPHY CT.
HOMOSASSA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
RUMYON, CHARLES
5541 W MURPHY CT
HOMOSASSA, FL 34446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCUTT, LINDA
5736 W MURPHY CT
HOMOSASSA, FL 34446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SINAPI, HELEN
5614 W. MURPHY CT
HOMASASSA, FL 34446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBSON, ALICE
5670 W MURPHY COURT
HOMOSASSA, FL 34446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIERCE, GLADYS
5641 W MURPHY COURT
HOMOSASSA, FL 34446

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lillian A. Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LILLIAN A. KENNEDY

4/13/04

352-628-6498