2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90066 039 ****70.00

DOCUMENT # N29520

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

20022662

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

03112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5735 W. SARdock CT	5735 W. SARdock CT.
Suite, Apt. #, etc.: Box 214	Suite, Apt. #, etc.: Box 214
City & State: Homosassa, Florida	City & State: Homosassa, Florida
Zip: 34446 Country: USA	Zip: 34446 Country: USA

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	7. Name and Address of New Registered Agent
SINAPI, HELEN F 5614 W MURPHY CT. HOMOSASSA, FL 34446	Name: MICHAEL ANDERSON Street Address (P.O. Box Number is Not Acceptable): 5735 W. SARdock CT City: HOMOSASSA FL Zip Code: 34446

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)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KENNEDY, LILLIAN A. 5737 W. MURPHY CT. HOMOSASSA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHAEL ANDERSON 5735 W. SARDOCK CT HOMOSASSA, FLORIDA 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUMYON, CHARLES 5541 W MURPHY CT HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JERRY LOUGHBRIDGE 5734 W. SARDOCK CT HOMOSASSA, FLORIDA 3446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCUTT, LINDA 5736 W MURPHY CT HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LILLIAN J. MURRY 5737 W. MURPHY CT HOMOSASSA, FLORIDA 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SINAPI, HELEN 5614 W. MURPHY CT HOMASASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN SINAPI 5614 W. MURPHY CT HOMOSASSA, FLORIDA 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACBOSON, ALICE 5670 W MURPHY COURT HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL ZERBAY 5635 W. SARDOCK CT HOMOSASSA, FLORIDA 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, GLADYS 5641 W MURPHY COURT HOMOSASSA, FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLADYS PIERCE 5641 W. MURPHY CT HOMOSASSA, FLORIDA 34446	☒ Change ☐ Addition

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: Michael Anderson MICHAEL ANDERSON 3-14-05 352 688-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #