

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90186 046 ****61.25

DOCUMENT # N29520

1. Entity Name

PINE FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

5735 W SARDOCK CT
BOX 214
HOMOSASSA FL 34446
US

Mailing Address

5735 W SARDOCK CT
BOX 214
HOMOSASSA FL 34446
US



2. Principal Place of Business

5734 W. SARDOCK CT.

3. Mailing Address

5734 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

1st MOORE

CR2E037 (10/05)

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

ANDERSON, MICHAEL
5735 W SARDOCK CT
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name

JERRY LOUGHRIDGE

Street Address (P.O. Box Number is Not Acceptable)

5734 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

JERRY LOUGHRIDGE

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

Jerry Loughridge

(NOTE: Registered Agent Signature required when first listing)

4-27-06

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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 PD
NAME ANDERSON, MICHAEL
STREET ADDRESS 5735 W SARDOCK CT
CITY-ST-ZIP HOMOSASSA FL 34446 ☒ Delete

TITLE VPD
NAME LOUGHRIDGE, JERRY
STREET ADDRESS 5734 W. SARDOCK CT
CITY-ST-ZIP HOMOSASSA FL 34446 ☒ Delete

TITLE STD
NAME MURRY, LILLIAN J
STREET ADDRESS 5737 W. MURPHY CT
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

TITLE D
NAME SINAPI, JOHN
STREET ADDRESS 5614 W. MURPHY CT
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

TITLE D
NAME ZERBAY, RUSSELL
STREET ADDRESS 5635 W SARDOCK CT
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

TITLE D
NAME PIERCE, GLADYS
STREET ADDRESS 5641 W. MURPHY CT
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JERRY LOUGHRIDGE
STREET ADDRESS 5734 W. SARDOCK CT
CITY-ST-ZIP HOMOSASSA, FL 34446 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP NONE ☒ Change ☐ Addition

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

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

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

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

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: JERRY LOUGHRIDGE JERRY LOUGHRIDGE 4-27-06 352-621-0895