


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29520</b>	
<b>1. Entity Name</b> PINE FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 5734 W. SARDOCK CT BOX 214 HOMOSASSA, FL 34446 US	<b>Mailing Address</b> 5734 W. SARDOCK CT BOX 214 HOMOSASSA, FL 34446 US
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04102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2859824	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  LOUGHRIDGE, JERRY 5424 W. SARDOCK CT HOMOSASSA, FL 34446
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<b>DO NOT WRITE IN THIS SPACE</b>
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<b>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.</b>	
<b>SIGNATURE</b> <i>Jerry Loughridge</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	<b>DATE</b> 6-1-07

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PD
<b>NAME</b>	LOUGHRIDGE, JERRY
<b>STREET ADDRESS</b>	5734 W SARDOCK CT
<b>CITY-ST-ZIP</b>	HOMOSASSA, FL 34446
<b>TITLE</b>	STD
<b>NAME</b>	MURRY, LILLIAN J
<b>STREET ADDRESS</b>	5737 W. MURPHY CT
<b>CITY-ST-ZIP</b>	HOMOSASSA, FL 34446
<b>TITLE</b>	D
<b>NAME</b>	SINAPI, JOHN
<b>STREET ADDRESS</b>	5614 W. MURPHY CT
<b>CITY-ST-ZIP</b>	HOMASASSA, FL 34446
<b>TITLE</b>	D
<b>NAME</b>	ZERBAY, RUSSELL
<b>STREET ADDRESS</b>	5635 W SARDOCK CT
<b>CITY-ST-ZIP</b>	HOMOSASSA, FL 34446
<b>TITLE</b>	D
<b>NAME</b>	PIERCE, GLADYS
<b>STREET ADDRESS</b>	5641 W. MURPHY CT
<b>CITY-ST-ZIP</b>	HOMOSASSA, FL 34446
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U000000765823 06/04/07-80006-008 61.25  <b>DO NOT WRITE IN THIS SPACE</b>
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<b>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 an officer-like empowered.</b>	
<b>SIGNATURE:</b> <i>Lillian J. Murry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> 6-1-07 <b>Daytime Phone #</b> 352-628-5724