


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90031 030 ****61.25

DOCUMENT # N29520 1. Entity Name PINE FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5734 W. SARDOCK CT BOX 214 HOMOSASSA, FL 34446 US			Mailing Address 5734 W. SARDOCK CT BOX 214 HOMOSASSA, FL 34446 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02272008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2859824	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUGHRIDGE, JERRY 5424 W. SARDOCK CT HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Jerry Loughridge</i></u> <u><i>Jerry Loughridge</i></u> <u><i>3/26/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LOUGHRIDGE, JERRY 5734 W SARDOCK CT HOMOSASSA, FL 34446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DEONIS MONAHAN 5736 W. MURPHY COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURRY, LILLIAN J 5737 W. MURPHY CT HOMOSASSA, FL 34446	<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	D SINAPI, JOHN 5614 W. MURPHY CT HOMASASSA, FL 34446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOM NORTON 5541 WEST MURPHY COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZERBAY, RUSSELL 5635 W SARDOCK CT HOMOSASSA, FL 34446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD YORNG 5563 W. MURPHY COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, GLADYS 5641 W. MURPHY CT HOMOSASSA, FL 34446	<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	<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: <u><i>Jerry Loughridge</i></u> <u><i>3/26/08</i></u> <u><i>352-621-0895</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					