


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90035 009 ****61.25

DOCUMENT # N31009
 1. Entity Name
PINE RANCH EAST OWNERS ASSOCIATION, INC.



Principal Place of Business
 296 PINE RANCH TRAIL
 OSPREY, FL 34229 US

Mailing Address
 P.O. BOX 1021
 OSPREY, FL 34229 US

40010368



2. Principal Place of Business - No P.O. Box #
392 Pine Ranch Trail
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

02022007 Chg-NP CR2E037 (12/06)

City & State
Osprey FL

Zip
34229

Country
US

4. FEI Number
65-0106383

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILSON, ED
401 PINE RANCH TRAIL
OSPREY, FL 34229

7. Name and Address of New Registered Agent
 Name
Neal Lebar
 Street Address (P.O. Box Number is Not Acceptable)
392 Pine Ranch Trail
 City
Osprey FL Zip Code
34229

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  **Neal Lebar** DATE **2-10-07**
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, 2007

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	P	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTINO, STEVEN	
STREET ADDRESS	216 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ED	
STREET ADDRESS	401 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, D JAMES	
STREET ADDRESS	296 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dave LeBlanc	
STREET ADDRESS	368 Pine Ranch Trail	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Sanzone	
STREET ADDRESS	382 Pine Ranch Trail	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal Lebar	
STREET ADDRESS	392 Pine Ranch Trail	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Neal Lebar** DATE **2-10-07** DAYTIME PHONE # **941 966 6847**
Signature and typed or printed name of signing officer or director