

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31780

FILED  
Jan 30, 2006  
Secretary of State

**Entity Name:** PINE ISLAND SHORES, UNITS 10 AND 11 HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2193 MACADAMIA STREET  
ST. JAMES CITY, FL 33956 US

**New Principal Place of Business:**

2193 MACADAMIA LANE  
ST. JAMES CITY, FL 33956 US

**Current Mailing Address:**

2193 MACADAMIA STREET  
ST. JAMES CITY, FL 33956 US

**New Mailing Address:**

2193 MACADAMIA LANE  
ST. JAMES CITY, FL 33956 US

**FEI Number:** 65-0246864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUVENECK, CARL  
2193 MACADAMIA STREET  
ST. JAMES CITY, FL 33956 US

**Name and Address of New Registered Agent:**

DUVENECK, CARL  
2193 MACADAMIA LANE  
ST. JAMES CITY, FL 33956 US

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.

SIGNATURE: CARL W DUVENECK

01/30/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DUVENECK, CARL  
Address: 2193 MACADAMIA STREET  
City-St-Zip: ST. JAMES CITY, FL 33956 US

Title: VT ( ) Delete  
Name: KOETJE, JACK  
Address: 2209 MACADAMIA ST.  
City-St-Zip: ST JAMES CITY, FL 33956

Title: STTT ( ) Delete  
Name: WESORICK, RONALD  
Address: 2063 MACADAMIA ST.  
City-St-Zip: SAINT JAMES CITY, FL 33956

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: DUVENECK, CARL  
Address: 2193 MACADAMIA LANE  
City-St-Zip: ST. JAMES CITY, FL 33956 US

Title: VT (X) Change ( ) Addition  
Name: JAMES, ROB  
Address: 2305 MACADAMIA LANE  
City-St-Zip: ST JAMES CITY, FL 33956

Title: STTT (X) Change ( ) Addition  
Name: WESORICK, RONALD  
Address: 2063 MACADAMIA LANE  
City-St-Zip: SAINT JAMES CITY, FL 33956

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL DUVENECK

PT

01/30/2006

Electronic Signature of Signing Officer or Director

Date