

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 16 PM 4: 14

DOCUMENT # N35664

1. Entity Name
PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business PO BOX 860 184 SAINT AUGUSTINE, FL 32086 US	Mailing Address PO BOX 860 184 SAINT AUGUSTINE, FL 32086 US
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2. Principal Place of Business P.O. Box 860 184 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 860 184 Suite, Apt. #, etc.
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City & State ST. Augustine, FL	City & State ST. Augustine, FL.
Zip 32086	Country USA
Zip 32086	Country USA

4. FEI Number 59-2997153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINSON, MILES
1613 BAY HAWK LN.
SAINT AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name: **Miles E. Minson**
Street Address (P.O. Box Number is Not Acceptable):
1613 BAY HAWK LN
City: **ST. Augustine** FL Zip Code: **32084**

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: *Miles E. Minson* President DATE: **6 Feb 2004**

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, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEIDLICH, RONALD 2112 WOOD STORK AVE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROJAS, JAIME 1608 BAY HAWK LN. SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINSON, MILES 1613 BAY HAWK LANE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELA, CLARK 2132 WOOD STARK AVE. SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURTIS, BRUCE 2136 WOODSTOCK AVE. SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, AT LARGE JAMIE ROJAS 1608 Bay Hawk LN ST. Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERT CRABB 1612 Bay Hawk LN ST. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM FAIRBANKS 1600 Bay Hawk LN ST. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Miles E. Minson* MILES E. MINSON 6 Feb 2004 (904) 825-3425

Signature and typed or printed name of signing officer or director Date Daytime Phone #

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