

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35664

FILED
Jan 27, 2006
Secretary of State

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

Current Principal Place of Business:

PO BOX 860184
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 860184
ST AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-2997153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, MANUEL
1605 BAYHAWK LANE
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: GOMEZ, MANUEL
Address: 1605 BAYHAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: D () Delete
Name: DIXON, LARRY
Address: 2105 WOODSTORK AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: PD () Delete
Name: CLARK, SHEILA
Address: 2132 WOODSTORK
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: D () Delete
Name: FAIRBANKS, WILLIAM
Address: 1600 BAYHAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: GOMEZ, MANUEL
Address: 1605 BAYHAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: V.P (X) Change () Addition
Name: DIXON, LARRY
Address: 2105 WOODSTORK AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: PRS (X) Change () Addition
Name: CLARK, SHEILA
Address: 2132 WOODSTORK
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: SEC (X) Change () Addition
Name: GOMEZ, KATHERINE
Address: 1605 BAYHAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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: MANUEL GOMEZ

Electronic Signature of Signing Officer or Director

TRES

01/27/2006

Date