

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35664

FILED
Apr 26, 2007
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:

1605 BAY HAWK LANE
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

PO BOX 860184
ST AUGUSTINE, FL 32086 US

New Mailing Address:

PO BOX 860184
ST AUGUSTINE, FL 32084 US

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

TRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date