

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35664

FILED  
Jan 18, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1605 BAY HAWK LANE  
ST AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 860184  
ST AUGUSTINE, FL 32084 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: 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: TRES (X) Change ( ) Addition  
Name: GOMEZ, MANUEL MR.  
Address: 1605 BAYHAWK LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: V.P (X) Change ( ) Addition  
Name: HALE, ROGER MR.  
Address: 1617 BAYHAWK LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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

Title: SEC (X) Change ( ) Addition  
Name: GOMEZ, KATHERINE E MRS.  
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 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: KATHEIRNE E. GOMEZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

SEC.

01/18/2008

\_\_\_\_\_ Date