

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35664

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2132 WOODSTORK AVE  
ST AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 860184  
ST AUGUSTINE, FL 32085 US

**New Mailing Address:**

1605 BAY HAWK LANE  
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:**

CLARK, SHEILA  
2132 WOODSTORK AVE  
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: T  
Name: GOMEZ, MANUEL  
Address: 1605 BAYHAWK LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: V  
Name: HALE, ROGER  
Address: 1617 BAYHAWK LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: P  
Name: CLARK, SHEILA  
Address: 2132 WOODSTORK  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: S  
Name: GOMEZ, KATHERINE E  
Address: 1605 BAYHAWK LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE E. GOMEZ

S

03/25/2012

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

\_\_\_\_\_  
Date