


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # N43578		
1. Entity Name PINEY RIDGE ACRES HOME OWNER'S ASSOCIATION, INC.		
Principal Place of Business 5031 MOLINO RD MOLINO, FL 32577 US	Mailing Address 5031 MOLINO RD MOLINO, FL 32577 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GINDL, PETER R. SR 5031 MOLINO RD MOLINO, FL 32577		
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GINDL, PETER 5031 MOLINO RD MOLINO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GINDL, BEVERLY SUE 5031 MOLINO RD MOLINO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KLEINETLAND, ARTHUR L 430 CASEY LANE CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>Peter R. Gindl Sr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3140702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

4-22-05 860-582-6324