


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90167 001 \*\*\*\*61.25  
03-22-2005 90167 002 \*\*\*\*\*8.75

<b>DOCUMENT # N48451</b>	
<b>1. Entity Name</b> PINE ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> FLORIDA BOYS RANCH ROAD GROVELAND FL 34736 US	<b>Mailing Address</b> 1805 MAGUIRE ROAD WINDERMERE FL 34786 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> PO Box 892
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b> Groveland FL
<b>Zip</b>	<b>Country</b> USA
<b>Country</b>	<b>Zip</b> 34736



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-3270075	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> GANZENMULLER, GEORGE 1805 MAGUIRE ROAD WINDERMERE FL 34786	<b>7. Name and Address of New Registered Agent</b> Name: Rachel Rodney Street Address (P.O. Box Number is Not Acceptable): 9840 Skylark Lane City: Groveland FL Zip Code: 34736
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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: Rachel Rodney DATE: 3/12/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANZENMULLER, GEORGE 1805 MAGUIRE ROAD WINDERMERE FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACHEL RODNEY 9840 SKYLARK LANE GROVELAND FL 34736 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEILIG, MARY ALICE 6901 EAST EDGEWATER DRIVE #312 CORAL GABLES FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY HEILIG 6901 E. EDGEWATER DR #312 CORAL GABLES FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLEY, WANDA P.O. BOX 423574 KISSIMMEE FL 34742 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANZENMULLER, GEORGE 1805 MAGUIRE RD WINDERMERE, FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLESEN, KENNETH LOT 4 SKYLARK LANE - PINE ISLAND GROVELAND FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH OLESEN 9904 SKYLARK LANE GROVELAND FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, BOB 2023 YORKSHIRE AVE WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB COOPER 8939 Courtyard Lane Groveland FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT BAGLEY 8929 Lake Mabel Dr Orlando FL 32836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/05  
Date

352-429-5503  
Daytime Phone #