

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49178

FILED
Aug 04, 2008
Secretary of State

Entity Name: PINELAKE GARDENS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4463 SE SWEETWOOD WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

4463 SE SWEETWOOD WAY
STUART, FL 34997

New Mailing Address:

FEI Number: 59-3128882 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHOWN, LYNN
4316 SE SWEETWOOD WAY
STUART, FL 34997 US

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: P () Delete
Name: DITTMAR, ROBERT
Address: 4469 NEARTWOOD TR
City-St-Zip: STUART, FL 34997

Title: V () Delete
Name: GOLDSTEIN, ARCHIE
Address: 7087 SE BIRCHWOOD LN
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: SCHOWN, LYNN
Address: 4316 SE SWEETWOOD WAY
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: BRAMMER, ARLENE
Address: 4473 SE HEARTWOD TR.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: AUSTIN, RICHARD
Address: 4427 SE SWEETWOD WAY
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: ISRAEL, HARRY
Address: 4508 SE PEACHWOOD TERR
City-St-Zip: STUART, FL 34997

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:

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: LYNN SCHOWN

TREA

08/04/2008

Electronic Signature of Signing Officer or Director

Date