

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001084

FILED
Apr 27, 2009
Secretary of State

Entity Name: PINE LAKES HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

Current Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 353820
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-3175473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTINE & CHRISTINE, P.A.
28 CORDOVA STREET
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: D () Delete
Name: DIVITO, DAVID
Address: 13 MONTAUK LN
City-St-Zip: PALM COAST, FL 32164

Title: SD () Delete
Name: HALLERBACH, IDA
Address: 48 MT VERNON LANE
City-St-Zip: PALM COAST, FL 32164

Title: TD () Delete
Name: GOLD, GEORGE
Address: 20 MT. VERNON LANE
City-St-Zip: PALM COAST, FL 32164

Title: PD () Delete
Name: CAVIGGIA, SYLVIA
Address: 24 MONTAUK LANE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BYRON, STEWART
Address: 1 CEDAR POINT DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: S (X) Change () Addition
Name: MAHONEY, NANCY
Address: 5 SUTTON PLACE
City-St-Zip: PALM COAST, FL 32164

Title: TD (X) Change () Addition
Name: DEVINE, PATRICK
Address: 52 MOUNT VERNON LANE
City-St-Zip: PALM COAST, FL 32164

Title: PD (X) Change () Addition
Name: PUELO, ANTHONY
Address: 25 MONTAUK LANE
City-St-Zip: PALM COAST, FL 32164

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: ANTHONY PUELO

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date