
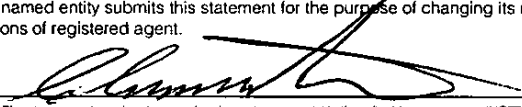
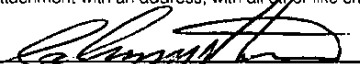


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001436			
1. Entity Name PINE WALK MANOR HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 927 PINE WALK CT NE PALM BAY, FL 32905 US		Mailing Address P O BOX 061415 PALM BAY, FL 32906-1415 US	
2. Principal Place of Business 982 Pine Walk Ct NE		3. Mailing Address P.O. Box 061415	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Bay		City & State PALM Bay, FL	
Zip 32905		Country Brevard	
Zip 32906		Country 1415 US	
4. FEI Number 59-3220846		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, ALMA 927 PINE WALK CT. NE PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name: Clarence Fenton Street Address (P.O. Box Number is Not Acceptable): 982 Pine Walk Ct. NE City: Palm Bay FL Zip Code: 32905	
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: 		DATE: 1/26/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 <input checked="" type="checkbox"/> Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME PETERSON, ALMA STREET ADDRESS 927 PINE WALK CT NE CITY-ST-ZIP PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE President NAME Clarence Fenton STREET ADDRESS 982 Pine Walk Ct NE CITY-ST-ZIP Palm Bay, FL 32905	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME KING, BOBBY STREET ADDRESS 907 PINE WALK COURT N.E. CITY-ST-ZIP PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Clarence Campbell STREET ADDRESS 942 Pine Walk Ct. NE CITY-ST-ZIP Palm Bay, FL 32905	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MATTHEWS, TREVOR STREET ADDRESS 912 PINE WALK CT NE CITY-ST-ZIP PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE S NAME Alice Campbell STREET ADDRESS 983 Pine Walk Ct NE CITY-ST-ZIP Palm Bay, FL 32905	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME GAMERL, BOB STREET ADDRESS 974 PINE WALK CT NE CITY-ST-ZIP PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE T NAME Leonard Smith STREET ADDRESS 999 Pine Walk Ct NE CITY-ST-ZIP Palm Bay FL 32905	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TRUS NAME GAMERL, NIMI STREET ADDRESS 974 PINE WALK CT NE CITY-ST-ZIP PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE Trus NAME Elena Campbell STREET ADDRESS 942 Pine Walk Ct NE CITY-ST-ZIP Palm Bay, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	400065848474 02/14/06--01049--014 **70.00	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Clarence Fenton 1/26/06 321-726-9929	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	