

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001436

FILED
Jan 21, 2008
Secretary of State

Entity Name: PINE WALK MANOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

927 PINE WALK CT. NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 061415
PALM BAY, FL 329061415 US

New Mailing Address:

FEI Number: 59-3220846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, ALMA
927 PINE WALK CT. NE
PALM BAY, FL 32905 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: P () Delete
Name: PETERSON, ALMA
Address: 927 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

Title: VP () Delete
Name: CAMPBELL, CLARENCE
Address: 942 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

Title: S () Delete
Name: MATTHEWS, TREVOR
Address: 912 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

Title: S () Delete
Name: CAMPBELL, ALICE
Address: 983 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

Title: TRES () Delete
Name: GAMERL, BOB
Address: 974 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

Title: TRUS () Delete
Name: GAMERL, NIMI
Address: 974 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: MATTHEWS, TREVOR
Address: 912 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

Title: 2 VP (X) Change () Addition
Name: SMITH, LEONALDO
Address: 999 PINE WALK CT. NE
City-St-Zip: PALM BAY, FL 32905 US

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: NIMI GAMERL

TRUS

01/21/2008

Electronic Signature of Signing Officer or Director

Date