


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002869	
1. Entity Name PINE COURT, INC.	

Principal Place of Business 1696 TALL TIMBER DRIVE ORANGE PARK, FL 32003 US	Mailing Address PO BOX 8548 FLEMING PARK, FL 32006 US
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3300665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTORO, THOMAS C ESQ
1700 WELLS ROAD
SUITE 5
ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000664074 03/22/07-80030-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUCZKOWSKI, CINDY 1701 TALL TIMBER DR ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DIMONDA, RAYMOND 1696 TALL TIMBER DR ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRIER, ALYCIA 1697 TALL TIMBER DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **Raymond P. Dimonda** PD 3/8/07 904-215-7090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #