


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90334 005 ****61.25

DOCUMENT # N94000003819 1. Entity Name PINEWATER PLACE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business PEGASUS PROPERTY MANAGEMENT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US			Mailing Address PEGASUS PROPERTY MANAGEMENT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0578359	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STILSON, BARBARA A EATON C/O PEGASUS PROPERTY MGMT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUNEAU, DIANE		NAME		
STREET ADDRESS	25078 PINEWATER COVE LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, CARL		NAME		
STREET ADDRESS	25040 PINEWATER COVE LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENMARK, KAREN		NAME		
STREET ADDRESS	25091 PINEWATER COVE LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEDMAN, ROBERT		NAME	GEDMIN, ROBERT	
STREET ADDRESS	25090 PINEWATER COVE LANE		STREET ADDRESS	25090 PINEWATER COVE LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, JIM		NAME		
STREET ADDRESS	25024 PINEWATER COVE LANE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Diane A. Juneau</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>April 25, 2005</i> 239-498-6267 <small>Date Daytime Phone #</small>		