

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90162 026 \*\*\*\*61.25

<b>DOCUMENT # N94000003819</b> 1. Entity Name <b>PINEWATER PLACE NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>PEGASUS PROPERTY MANAGEMENT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US</b>			Mailing Address <b>PEGASUS PROPERTY MANAGEMENT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business <b>9411 Cypress Lake Drive</b>		3. Mailing Address <b>9411 Cypress Lake Drive</b>			
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc. <b>Suite 2</b>			
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>			
Zip <b>33919</b>		Country <b>USA</b>		4. FEI Number <b>65-0578359</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>STILSON, BARBARA A C/O PEGASUS PROPERTY MGMT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name <b>Bob Gelles c/o Schoo Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>9411-2 Cypress Lake Drive</b>  City <b>Fort Myers</b>	
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 <u><i>Robert E. Gelles</i></u> <u><i>Robert E. Gelles</i></u> <u><i>4/22/06</i></u> <small>Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent's signature required when resigning)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD JUNEAU, DIANE 25078 PINEWATER COVE LANE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST STEWART, CARL 25040 PINEWATER COVE LANE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DENMARK, KAREN 25091 PINEWATER COVE LANE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD GEDMAN, ROBERT 25090 PINEWATER COVE LANE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HUGHES, JIM 25024 PINEWATER COVE LANE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S Stewart Winston 25074 Pinewater Cove Lane Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Maurisa Solomon 25094 Pinewater Cove Lane Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
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: <u><i>Karen Denmark</i></u> <u><i>Karen Denmark</i></u> <u><i>4-22-06</i></u> <u><i>(239) 481-4700</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					