

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90048 013 \*\*\*\*61.25

<b>DOCUMENT # N94000003819</b> 1. Entity Name <b>PINEWATER PLACE NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business <b>9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919 US</b>		Mailing Address <b>9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919 US</b>	
2. Principal Place of Business - No P.O. Box # <b>27180 Bay Landing Dr</b> Suite, Apt. #, etc. <b>4</b>		3. Mailing Address <b>27180 Bay Landing Dr</b> Suite, Apt. #, etc. <b>4</b>	
City & State <b>Bonita Springs FL</b>		City & State <b>Bonita Springs FL</b>	
Zip <b>34135</b>		Zip <b>34135</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0578359</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GELLES, BOB C/O SCHOO MGMT 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name <b>Sterling Property Services</b> Street Address (P.O. Box Number is Not Acceptable) <b>27180 Bay Landing Dr., Suite 4</b> City <b>Bonita Springs, FL</b> Zip Code <b>34135</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 		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State		DATE <b>2/14/08</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>TD</b>	NAME <b>JUNEAU, DIANE</b>	TITLE <b>VP</b>	NAME <b>Michael Camp</b>
STREET ADDRESS <b>25078 PINEWATER COVE LANE</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	STREET ADDRESS <b>25010 Pinewater Cove Ln</b>	CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>
TITLE <b>S</b>	NAME <b>WINSTON, STEWART</b>	TITLE <b>TD</b>	NAME <b>Richard Driscoll</b>
STREET ADDRESS <b>25074 PINEWATER COVE LN</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	STREET ADDRESS <b>25023 Pinewater Cove Lane</b>	CITY-ST-ZIP <b>Bonita Springs, FL 34134</b>
TITLE <b>PD</b>	NAME <b>DENMARK, KAREN</b>	TITLE <b>VP</b>	NAME <b>GEDMAN, ROBERT</b>
STREET ADDRESS <b>25091 PINEWATER COVE LANE</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	STREET ADDRESS <b>25090 PINEWATER COVE LANE</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>
TITLE <b>VPD</b>	NAME <b>GEDMAN, ROBERT</b>	TITLE <b>D</b>	NAME <b>SOLOMON, MAURISA</b>
STREET ADDRESS <b>25090 PINEWATER COVE LANE</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	STREET ADDRESS <b>25094 PINEWATER COVE LN</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>
TITLE <b>D</b>	NAME <b>SOLOMON, MAURISA</b>	TITLE <b>VP</b>	NAME <b>GEDMAN, ROBERT</b>
STREET ADDRESS <b>25094 PINEWATER COVE LN</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	STREET ADDRESS <b>25090 PINEWATER COVE LANE</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>
TITLE <b>VPD</b>	NAME <b>GEDMAN, ROBERT</b>	TITLE <b>D</b>	NAME <b>SOLOMON, MAURISA</b>
STREET ADDRESS <b>25090 PINEWATER COVE LANE</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	STREET ADDRESS <b>25094 PINEWATER COVE LN</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>
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: 		SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>2/14/08</b>	
DAYTIME PHONE # <b>235/5174552</b>		DATE <b>2/14/08</b>	