

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90212 006 ****61.25

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01092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000003252					
1. Entity Name PINEBROOK HOME OWNER'S ASSOCIATION, INC.					
Principal Place of Business 615 PINEBROOK CIRCLE CANTONMENT, FL 32533			Mailing Address 615 PINEBROOK CIRCLE CANTONMENT, FL 32533		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				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			7. Name and Address of New Registered Agent		
THOMAS, MALCOLM 615 PINEBROOK CIRCLE CANTONMENT, FL 32533			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 <u>Malcolm Thomas</u> DATE <u>1/9/07</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	JOHNSON, MARGARET				
STREET ADDRESS	695 CARMADY HILL RD.				
CITY-ST-ZIP	CANTONMENT, FL 32533				
TITLE	D	<input type="checkbox"/> Delete			
NAME	THOMAS, MALCOLM				
STREET ADDRESS	615 PINEBROOK CIRCLE				
CITY-ST-ZIP	CANTONMENT, FL 32533				
TITLE	D	<input type="checkbox"/> Delete			
NAME	PARKERSON, PRESTON				
STREET ADDRESS	535 PINEBROOK CIR				
CITY-ST-ZIP	CANTONMENT, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CALLOWAY, BETTY				
STREET ADDRESS	507 PINEBROOK CIRCLE				
CITY-ST-ZIP	CANTONMENT, FL 32533				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MCLEAN, DOUG				
STREET ADDRESS	496 ASHLEY ROAD				
CITY-ST-ZIP	CANTONMENT, FL 32533				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Maureen Linkous				
STREET ADDRESS	493 Pinebrook Circle				
CITY-ST-ZIP	Cantonment, FL 32533				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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>Malcolm Thomas</u> DATE <u>1/9/07</u> DAYTIME PHONE # <u>850469-5308</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					