2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N99000000008

Entity Name: PINE LAKES COMMUNITY ASSOCIATION INC.

Current Principal Place of Business:

31635 LAKEVIEW DRIVE
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

31635 LAKEVIEW DRIVE
EUSTIS, FL 32736

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TODD, JAMES E
32325 E SR44
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	TODD, JAMES	
Address:	32325 E SR 44	
City-St-Zip:	EUSTIS, FL 32736	
Title:	VD	( ) Delete
Name:	HARBIN, BETTY	
Address:	31514 DIVISION ST.	
City-St-Zip:	DELAND, FL 32720	
Title:	S	( ) Delete
Name:	TODD, MARY	
Address:	32325 E SR 44	
City-St-Zip:	EUSTIS, FL 32736	
Title:	T	( ) Delete
Name:	DAY, LOIS	
Address:	38990 FOREST DRIVE	
City-St-Zip:	EUSTIS, FL 32736	
Title:	D	( ) Delete
Name:	HARBIN, TOM	
Address:	31514 DIVISION ST.	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	BURNS, MARY W	
Address:	42051 DOGWOOD AVE.	
City-St-Zip:	DELAND, FL 32720	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. TODD P 04/30/2007

Electronic Signature of Signing Officer or Director — Date