
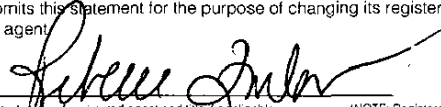
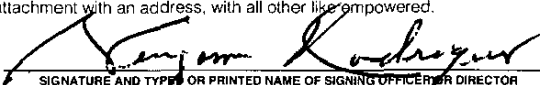


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90969 034 ****61.25

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # N99000004059 1. Entity Name PINE CREEK HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1633 E. VINE ST SUITE 110 KISSIMMEE, FL 34744 | | | Mailing Address 1633 E. VINE ST SUITE 110 KISSIMMEE, FL 34744 | | |
| 2. Principal Place of Business 8009 S. Orange Ave Suite, Apt. #, etc. | | | 3. Mailing Address 8009 S. Orange Ave Suite, Apt. #, etc. | | |
| City & State Orlando FL | | | City & State Orlando FL | | |
| Zip 32809 | | Country USA | | 4. FEI Number 59-3591967 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LELAND MANAGEMENT 1633 E. VINE ST. SUITE 110 KISSIMMEE, FL 34744 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8009 S. Orange Ave City Orlando FL Zip Code 32809 | |
| 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  DATE 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP | TD OSTROWSKI, STEVEN 1722 PALMETTO PINE LANE ORLANDO, FL 32826 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | YP Ronald Davis 1714 Palmetto Pine Lane Orlando FL 32826 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD RODRIGUEZ, BENJAMIN 2002 PALMETTO PINE LANE ORLANDO, FL 32826 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Benjamin Rodriguez 2002 Palmetto Pine Lane Orlando FL 32826 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MAYORGA, MICHAEL 1902 PALMETTO PINE LANE ORLANDO, FL 32826 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Michael mayorga 1902 Palmetto Pine Lane Orlando FL 32826 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BATISTA, RACHELLE 1900 WIREGRASS COURT ORLANDO, FL 32826 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ARB HERB BEARNS 1701 PALMETTO PINE LANE ORLANDO, FL 32826 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THAMES, DAWN 1828 PALMETTO PINE LANE ORLANDO, FL 32826 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ARB ASSISTANT SAM PHAN 1718 PALMETTO PINE LANE ORLANDO, FL 32826 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | | 04-27-05 4:17 509 Date Daytime Phone # | | |