

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005483

1. Entity Name

PINECREST ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**PINECREST ESTATES HOMEOWNER'S ASSOC
ORLANDO FL 32811**

**1661 AARON AVE.
ORLANDO FL 32811**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3635140

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALCOTT, MAVIS
1661 AARON AVE.
ORLANDO FL 32811**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$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 PD
NAME WALCOTT, MAVIS T
STREET ADDRESS 1661 AARON AVE.
CITY- ST- ZIP ORLANDO FL 32811 ☐ Delete

TITLE VD
NAME PALMER, MARIE B
STREET ADDRESS 4294 NIMONS ST.
CITY- ST- ZIP ORLANDO FL 32811 ☐ Delete

TITLE SD
NAME EZELL, SHIRLEY
STREET ADDRESS 1653 AARON AVE.
CITY- ST- ZIP ORLANDO FL 32811 ☐ Delete

TITLE TD
NAME BELL, NAOMI
STREET ADDRESS 1654 CRESTLAWN AVE
CITY- ST- ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add
100000465551
03/22/06-80035-012 61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add

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NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.