


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90559 032 ****61.25

DOCUMENT # N99000007345					
1. Entity Name PINECASTLE COMMERCE CENTER OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804			Mailing Address P.O. BOX 536785 ORLANDO, FL 32835-6785		
2. Principal Place of Business 665 Harold Avenue Suite, Apt. #, etc. Suite A		3. Mailing Address Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State			
Zip 32789	Country US	Zip	Country	4. FEI Number 50-3150052 20-2205307	
6. Name and Address of Current Registered Agent BANKSTON, JAMES W. 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 665 Harold Avenue	
				Suite A	
				City Winter Park, FL Zip Code 32789	
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 <i>James W. Bankston</i>		James W. Bankston		4/27/05	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</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	D BANKSTON, CHESTER W 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILES, CHARLES E JR. 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKSTON, JAMES W 1321 EDGEWATER DR., STE 6 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>James W. Bankston</i>		James W. Bankston		4/27/05 407-622-8802	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

