


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000007345**

1. Entity Name  
**PINECASTLE COMMERCE CENTER OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>6433 PINECASTLE BLVD.          UNIT 13          ORLANDO, FL 32809</b>	Mailing Address <b>6433 PINECASTLE BLVD.          UNIT 13          ORLANDO, FL 32809</b>
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-2205307</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SKINNER, PAUL A III  
 6433 PINECASTLE BLVD.  
 UNIT 14  
 ORLANDO, FL 32809**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPPARD, DAVID 6512 PINECASTLE BLVD. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANKSTON, JAMES W 665 HAROLD AVE., SUITE A WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKINNER, PAUL A III 6433 PINECASTLE BLVD., SUITE 14 ORLANDO, FL 32809
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 03/01/07-80052-008 61.25

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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:**  **2/6/07** **407-859-8822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #