

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007398

**FILED**  
**Jan 28, 2013**  
**Secretary of State**  
**CC0901470913**

**Entity Name:** PINE LAUREL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

80 W. LUCERNE CIRCLE  
ORLANDO, FL 32801

**Current Mailing Address:**

80 W. LUCERNE CIRCLE  
ORLANDO, FL 32801

**FEI Number:** 59-0931267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEITH, HENRY T  
80 W. LUCERNE CIRCLE  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title P  
Name BOGNER, JAMES B  
Address 80 W. LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title S  
Name DYE, STEPHEN R  
Address 80 W. LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title T  
Name KEITH, HENRY  
Address 80 W. LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title EVP  
Name STEVENS, ROGER A  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title D  
Name HULL, WILLIAM  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

Title D  
Name STURM, RICHARD  
Address 80 WEST LUCERNE CIRCLE  
City-State-Zip: ORLANDO FL 32801

*I hereby 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 all other like empowered.*

**SIGNATURE:** HENRY T. KEITH

**TREASURER**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date