

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13023

**Entity Name:** PINE LAKE ESTATES PROPERTY OWNERS ASSOCIATION, INC.**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC1453945466****Current Principal Place of Business:**7450 PINE LAKE CIRCLE  
MILTON, FL 32570**Current Mailing Address:**7450 PINE LAKE CIRCLE  
MILTON, FL 32570**FEI Number: 59-2638420****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DOLAN, JOHN P  
7460 PINE LAKE CIRCLE  
MILTON, FL 32570 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	LELAND, JAMES
Address	7450 PINE LAKE CIRCLE
City-State-Zip:	MILTON FL 32570

Title	VP
Name	GASTON, DENNIS
Address	7428 PINE LAKE DR
City-State-Zip:	MILTON FL 32570

Title	T
Name	DOLAN, DAWNA
Address	7460 PINE LAKE DR
City-State-Zip:	MILTON FL 32570

Title	S
Name	DOLAN, DAWNA
Address	7460 PINE LAKE CIR
City-State-Zip:	MILTON FL 32570

Title	D
Name	CONE, STEPHEN
Address	7576 BOWERS DR
City-State-Zip:	MILTON FL 32570

Title	D
Name	NESENSEN, RALPH
Address	7443 FOREST WOOD
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	PICKETT, MICHAEL
Address	7434 PINE LAKE CIRCLE
City-State-Zip:	MILTON FL 32570

*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: JAMES LELAND****PRESIDENT****04/10/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date