

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21581

Entity Name: PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6854 SE MORNINGSID DR
STUART, FL 34997**Current Mailing Address:**6854 SE MORNINGSID DR
STUART, FL 34997 US**FEI Number:** 59-2823982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, OLIVER H
10 CENTRAL PKWY
SUITE 240
STUART, FL 34994 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	TAISEY, PATRICIA
Address	4720 SE BYWOOD TERRACE
City-State-Zip:	STUART FL 34997

Title	VP
Name	BOJCZAK, STEVEN
Address	4668 SE BALSABWOOD TERRACE
City-State-Zip:	STUART FL 34997

Title	S
Name	GEORGE, DEBORAH
Address	4511 SE COTTONWOOD TERRACE
City-State-Zip:	STUART FL 34997

Title	T
Name	EDWARDS, MARTHA
Address	4495 SE SWEETWOOD WAY
City-State-Zip:	STUART FL 34997

Title	D
Name	ARMSTRONG, ROBERT
Address	4522 SE COTTONWOOD TERRACE
City-State-Zip:	STUART FL 34997

Title	D
Name	EDWARDS, DANIEL
Address	4495 SE SWEETWOOD WAY
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	EDDY, VICKI
Address	4499 SE SWEETWOOD WAY
City-State-Zip:	STUART FL 34997

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: MARTHA EDWARDS**TREASURER****04/21/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date