

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

DOCUMENT# N35664

**Entity Name:** PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 12, 2015**  
**Secretary of State**  
**CC5664230867**

**Current Principal Place of Business:**

2132 WOODSTORK AVE  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

1605 BAY HAWK LANE  
ST AUGUSTINE, FL 32084 US

**FEI Number: 59-2997153**

**Certificate of Status Desired: No**

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

CLARK, SHEILA  
2132 WOODSTORK AVE  
ST. AUGUSTINE, FL 32084 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 T  
Name GOMEZ, MANUEL  
Address 1605 BAYHAWK LANE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title V  
Name HALE, ROGER  
Address 1617 BAYHAWK LANE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title P  
Name CLARK, SHEILA  
Address 2132 WOODSTORK  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title S  
Name GOMEZ, KATHERINE E  
Address 1605 BAYHAWK LANE  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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: KATHERINE GOMEZ**

**SECRETARY**

**04/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date