

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707544

FILED
Jan 11, 2006
Secretary of State

Entity Name: PINES OF SARASOTA, INC.

Current Principal Place of Business:

1501 NORTH ORANGE AVE.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1501 NORTH ORANGE AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-0700567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OVERTON, JOHN W
1501 N ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GOLDBERG, ARTHUR
Address: 3763 GLEN OAKS MANOR DRIVE
City-St-Zip: SARASOTA, FL 34232 US

Title: SD () Delete
Name: JACKSON, MARY ALICE
Address: 457 MAGELLAN DR.
City-St-Zip: SARASOTA, FL 34243 US

Title: VCD () Delete
Name: SMITH, CARL
Address: 2332 AUBREY LANE
City-St-Zip: SARASOTA, FL 34231 US

Title: TD () Delete
Name: DAVIDSMEYER, O. HOWARD
Address: 5159 RIVERWOOD AVE.
City-St-Zip: SARASOTA, FL 34231 US

Title: P () Delete
Name: OVERTON, JOHN W
Address: 1871 COTTONWOOD TRL
City-St-Zip: SARASOTA, FL 34232 US

Title: A () Delete
Name: AMARAL, NINA
Address: 2556 CLIPPER SHIP WAY
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A (X) Change () Addition
Name: AMARAL, NINA
Address: 4002 CROCKERS LAKE BLVD., #112
City-St-Zip: SARASOTA, FL 34238 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN W. OVERTON

P

01/11/2006

Electronic Signature of Signing Officer or Director

Date