

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708705

FILED
Jan 05, 2008
Secretary of State

Entity Name: PINE DRIVE MANOR ASSOCIATION, INC.

Current Principal Place of Business:

1100 PINE DRIVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1100 PINE DRIVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1147799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENYON, RANDY
1100 PINE DR.
APT 102
POMPANO BEACH, FL 33060 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: BD () Delete
Name: KIERNAN, MICHAEL
Address: 1100 PINE DR., #106
City-St-Zip: POMPANO BEACH, FL 33060

Title: BD () Delete
Name: LORI, KENNEDY
Address: 1100 PINE DR, #202
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST () Delete
Name: KENYON, RANDY
Address: 360 SE 6TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

Title: P () Delete
Name: OSBORNE, JOSEPH
Address: 1100 PINE DR., #103
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: BLUM, DOUGLAS
Address: 1100 PINE DR., #108
City-St-Zip: POMPANO BEACH, FL 33060

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:

I hereby certify that the information supplied with this filing does not qualify 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: R KENYON

Electronic Signature of Signing Officer or Director

ST

01/05/2008

Date