2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# 724892

Entity Name: 1004 PINE DRIVE ASSOCIATION, INC.

Current Principal Place of Business:

1004 PINE DRIVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1004 PINE DRIVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1578985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUFFY, PAUL
1004 PINE DR
UNIT 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:	P	( ) Delete
Name:	DUFFY, PAUL	
Address:	1004 PINE DRIVE APT 102	
City-St-Zip:	POMPANO BEACH, FL 33030	
Title:	T	( ) Delete
Name:	TAYLOR, RON	
Address:	1004 PINE DRIVE	
City-St-Zip:	POMPANO BEACH, FL	
Title:	BOD	( ) Delete
Name:	MILLER, MICHAEL	
Address:	1004 PINE DRIVE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D/D3	( ) Delete
Name:	SHARKEY, WILLIAM	
Address:	1004 PINE DR. APT 103	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	BOD	( ) Delete
Name:	KELLY, RICHARD	
Address:	1004 PINE DRIVE, #101	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	BOD	( ) Delete
Name:	LIST, PAMELA	
Address:	1004 PINE DRIVE	
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:	
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: RONALD TAYLOR TRES 06/22/2009
Electronic Signature of Signing Officer or Director — Date