

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728661

FILED
Jan 13, 2009
Secretary of State

Entity Name: PINE VALLEY RANCHES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1590 FIRST ST.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1590 FIRST ST.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1547366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOAR, JAMES C.
1590 FIRST ST.
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: SD () Delete
Name: ANDRESON, DAVE,
Address: 6947 SHOTGUN DRIVE
City-St-Zip: SARASOTA, FL

Title: PD () Delete
Name: WATRONS, BOB
Address: 1313 RANCHERO DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: GOAR, JAMES C.,
Address: 1027 RANCHERO DR.
City-St-Zip: SARASOTA, FL

Title: VD () Delete
Name: HAMILTON, BOB
Address: 1344 RANCHERO DRIVE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ANDRESEN, DAVE,
Address: 6947 SHOTGUN DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: PD (X) Change () Addition
Name: WATROUS, BOB
Address: 1313 RANCHERO DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: TD (X) Change () Addition
Name: GOAR, JAMES C.,
Address: 1027 RANCHERO DR.
City-St-Zip: SARASOTA, FL 34240

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: MR. JAMES C. GOAR

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date