

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743975

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: THE PINES OF CLEARWATER CONDOMINIUM, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-1881045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 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: D ( ) Delete  
Name: CAPEK, PAUL  
Address: 1577 GREENLEA DRIVE #10  
City-St-Zip: CLEARWATER, FL 33755

Title: VPD ( ) Delete  
Name: ZIMMERMAN, NORMAN  
Address: 3 VIRGINIA AVE  
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: TD ( ) Delete  
Name: SOTIROS, MARIE  
Address: 10854 SOUTH ROCKWELL  
City-St-Zip: CHICAGO, IL 60655

Title: PD ( ) Delete  
Name: HEFLIN, BONNIE  
Address: 1579 GREENLEA DR APT 9  
City-St-Zip: CLEARWATER, FL 33755

Title: SD ( ) Delete  
Name: ABADIE, GAYLE  
Address: 105 PINE DR  
City-St-Zip: COVINGTON, LA 70433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCPHILLIPS, KATHLEEN  
Address: 1579 GREENLEA DRIVE #4  
City-St-Zip: CLEARWATER, FL 33755

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

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

Title: D (X) Change ( ) Addition  
Name: SCHAMEL, KATHY  
Address: 1579 GREENLEA DR #5  
City-St-Zip: CLEARWATER, FL 33755

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: KATHLEEN MCPHILLIPS

PD

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date