2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 765187

Entity Name: GOLF PINES POOL ASSOCIATION, INC.

Current Principal Place of Business:

1313 SW 16TH TERR
UNIT 102
CAPE CORAL, FL 33991

New Principal Place of Business:

1321 SW 16TH TERR #201
UNIT 201
CAPE CORAL, FL 33991

Current Mailing Address:

1313 SW 16TH TERR
UNIT 102
CAPE CORAL, FL 33991

New Mailing Address:

1321 SW 16TH TERR #201
UNIT 201
CAPE CORAL, FL 33991

FEI Number: 59-2381995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLIN, GOIL
1321 SW 16TH TER 201
UNIT 102
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

COLLIN, GAIL
1321 SW 16TH TER 201
UNIT 102
CAPE CORAL, FL 33991 US

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: GAIL COLLIN 01/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COLLIN, GOIL
Address: 1321 SW 16TH TER 201
City-St-Zip: CAPE CORAL, FL 33991

Title: VD ( ) Delete
Name: WORMAN, ROESER
Address: 1313 SW 16TH TER 201
City-St-Zip: CAPE CORAL, FL 33991

Title: TD ( ) Delete
Name: COLLIN, GOIL
Address: 1321 SW 16TH TER 201
City-St-Zip: CAPE CORAL, FL 33991

Title: SD ( ) Delete
Name: BERNIER, KATHY
Address: 1303 SW 16TH TER #102
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COLLIN, GAIL
Address: 1321 SW 16TH TER 201
City-St-Zip: CAPE CORAL, FL 33991

Title: VD (X) Change ( ) Addition
Name: NORMAN, ROESER
Address: 1313 SW 16TH TER 201
City-St-Zip: CAPE CORAL, FL 33991

Title: TD (X) Change ( ) Addition
Name: COLLIN, GAIL
Address: 1321 SW 16TH TER 201
City-St-Zip: CAPE CORAL, FL 33991

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: GAIL COLLIN PD 01/07/2009
Electronic Signature of Signing Officer or Director — Date