2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001488

Entity Name: PINECREST OWNERS ASSOCIATION, INC.

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

463499 SR 200 463499 STATE ROAD 200 YULEE, FL 32097 YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

P O BOX 1987 P O BOX 1987

YULEE, FL 320411987 YULEE, FL 32041 US

FEI Number: 90-0083033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PROPERTY MANAGEMENT SYSTEMS INC

PROPERTY MANAGEMENT SYSTEMS INC

463400 SP 200

463499 SR 200 463499 STATE ROAD 200 YULEE, FL 32097 US YULEE, FL 32097 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: SCOTT STEFFEN 04/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MATOVINA, GREGORY E Name: HANNAH, WILLIAM

 Address:
 2955 HARTLEY ROAD, SUITE 108
 Address:
 P O BOX 1987

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 YULE, FL 32041 US

Title: SD () Delete Title: SD (X) Change () Addition Name: HUDSON, SHARON Name: SPARKS, DAVID

 Address:
 2955 HARTLEY ROAD, SUITE 108
 Address:
 P O BOX 1987

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 YULEE, FL 32041 US

 $\label{eq:title:Title:TD} \textit{Title:} \qquad \textit{VTD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{TD} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 BORSTEIN, DONALD K
 Name:
 WILLIAMS, MICHAEL

 Address:
 2955 HARTLEY ROAD, SUITE 108
 Address:
 P O BOX 1987

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 YULEE, FL 32041 US

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: SCOTT STEFFEN RA 04/19/2009