2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006838

FILED Mar 31, 2008 Secretary of State

Entity Name: THE PINES OF MONTVERDE HOMEOWNERS ASSOCIATION, INC.

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

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044

SUITE 5000

LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 SUITE 5000

LONGWOOD, FL 327795044

FEI Number: 33-1147556 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:

HART, JAMES W JR HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 SENTRY MANAGEMENT INC

LONGWOOD, FL 327795044 US 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: JAMES W HART JR 03/31/2008

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

MONTVERDE, FL 34756

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

DP (X) Change () Addition () Delete

LIPHAM, DONALD CARITHERS, DIANE Name: Name: 16533 PINE TIMBER AVE Address: 17705 KIRKLAND RD Address: MONTVERDE, FL 34756 City-St-Zip: City-St-Zip: MONTVERDE, FL 34756

Title: () Delete Title: (X) Change () Addition

HOEKSTRA, HELEN Name: HOEKSTRA, HELEN Name: Address: 16509 PINE TIMBER AVE Address: 16509 PINE TIMBER AVE City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: MONTVERDE, FL 34756

Title: VPD () Delete Title: () Change () Addition

PARKS, IVY Name: Name: 17739 SUGAR PINE WAY Address: Address:

Title: SD () Delete Title: TD (X) Change () Addition

SCHWARZ, LESLEY Name: Name: FITZGERALD, JOHN 17646 WINDY PINE ST 17641 WINDY PINE ST Address: Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: MONTVERDE, FL 34756

Title: () Delete Title: (X) Change () Addition

JOHNSTON, MARTY JOHNSTON, MARTY Name: Name: 17665 WINDY PINE ST 17665 WINDY PINE ST Address: Address: City-St-Zip: MONTVERDE, FL 34756 City-St-Zip: MONTVERDE, FL 34756

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.

City-St-Zip:

SIGNATURE: MARTY JOHNSTON PD 03/31/2008

Electronic Signature of Signing Officer or Director

Date