

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006838

FILED  
Mar 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 33-1147556

**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 SUITE 5000  
LONGWOOD, FL 327795044 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: CARITHERS, DIANE  
Address: 17705 KIRKLAND RD  
City-St-Zip: MONTVERDE, FL 34756

Title: D ( ) Delete  
Name: HOEKSTRA, HELEN  
Address: 16509 PINE TIMBER AVE  
City-St-Zip: MONTVERDE, FL 34756

Title: VPD ( ) Delete  
Name: PARKS, IVY  
Address: 17739 SUGAR PINE WAY  
City-St-Zip: MONTVERDE, FL 34756

Title: TD ( ) Delete  
Name: FITZGERALD, JOHN  
Address: 17641 WINDY PINE ST  
City-St-Zip: MONTVERDE, FL 34756

Title: PD ( ) Delete  
Name: JOHNSTON, MARTY  
Address: 17665 WINDY PINE ST  
City-St-Zip: MONTVERDE, FL 34756

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

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

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

Title: VPD (X) Change ( ) Addition  
Name: PICARD, HENRY  
Address: 17625 WINDY PINE ST  
City-St-Zip: MONTVERDE, FL 34756

Title: D (X) Change ( ) Addition  
Name: BECKER, JENNIFER  
Address: 16541 PINE TIMBER AVE  
City-St-Zip: MONTVERDE, FL 34756

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: MARTY JOHNSTON

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date