2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000107

FILED Apr 29, 2009 Secretary of State

Entity Name: PINE ISLAND COMMONS MASTER ASSOCIATION, INC.

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

1500 WEST CYPRESS CREEK ROAD SUITE 409 1500 WEST CYPRESS CREEK ROAD #409

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

1500 WEST CYPRESS CREEK ROAD SUITE 409 1500 WEST CYPRESS CREEK ROAD #409

FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

FEI Number: 20-4392833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRENNER, SCOTT F BRENNER, SCOTT F

1500 WEST CYPRESS CREEK ROAD SUITE 409 1500 WEST CYPRESS CREEK ROAD #409 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

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: 04/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BRENNER, SCOTT F BRENNER, SCOTT F Name: Name:

1500 WEST CYPRESS CREEK ROAD SUITE 409 Address: 1500 WEST CYPRESS CREEK ROAD #409 Address: FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

City-St-Zip: City-St-Zip:

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

KELLEY, ADRIENNE Name: MISHNER, CHARLES Name:

Address: 1500 WEST CYPRESS CREEK ROAD SUITE 409 Address: 1500 WEST CYPRESS CREEK ROAD #409

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309

Title: (X) Delete Title: () Change () Addition KELLEY, ADRIENNE

Name: Name: 1500 WEST CYPRESS CREEK ROAD SUITE 409 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 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: SCOTT BRENNER Ρ 04/29/2009