2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N29728

Entity Name: PINE VIEW FOUNDATION, INC.

Current Principal Place of Business:

2621 MALL DR.
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2621 MALL DR.
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0119187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, LAURA
2621 MALL DR.
SARASOTA, FL 34231 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: D ( ) Delete
Name: HORLICK, MICHAEL D.,
Address: 604 APALACHICOLA DR.
City-St-Zip: VENICE, FL

Title: D ( ) Delete
Name: LARGO, STEVEN M.,
Address: 4421 CHIMNEY CREEK DRIVE
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete
Name: OLSON, DAVID E.,
Address: 20 N WASHINGTON
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete
Name: PADAR, STEPHEN C.,
Address: 1888 HILLVIEW
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete
Name: ROBERTS, LAURA,
Address: 5709 DEREK AVE
City-St-Zip: SARASOTA, FL 34233

Title: D (X) Delete
Name: GERGORY, SUSAN
Address: 8451 TURNBERRY CIR
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LAURA ROBERTS PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date