

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41847

FILED
Apr 05, 2008
Secretary of State

Entity Name: PINE AVENUE CAR CARE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2100 S. PINE AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2100 S. PINE AVENUE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3111120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMINGER, TODD E
2100 S. PINE AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

EBERT, SCOTT W
2100 S. PINE AVENUE
OCALA, FL 34474 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 W. EBERT

04/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEMMINGER, TODD
Address: 2100 S. PINE AVE
City-St-Zip: Ocala, FL 34474

Title: TSD () Delete
Name: WACHTER, KIMBERLY
Address: 2100 S. PINE AVE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: EBERT, SCOTT
Address: 2100 SOUTH PINE AVE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: EBERT, SCOTT W
Address: 2100 S. PINE AVE
City-St-Zip: Ocala, FL 34474

Title: D (X) Change () Addition
Name: EBERT, CATHERINE
Address: 2100 S. PINE AVE
City-St-Zip: Ocala, FL 34474

Title: D (X) Change () Addition
Name: HEMMINGER, TODD
Address: 2100 SOUTH PINE AVE
City-St-Zip: Ocala, FL 34474

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 W. EBERT

PTSD

04/05/2008

Electronic Signature of Signing Officer or Director

Date