

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41847

FILED  
Mar 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2100 S. PINE AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2124 S. PINE AVENUE  
OCALA, FL 34471

**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:**

WACHTER, KIMBERLY A  
2124 S. PINE AVENUE  
OCALA, FL 34471 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: P  
Name: HEMINGER, TODD E  
Address: 2100 S. PINE AVE  
City-St-Zip: Ocala, FL 34471

Title: DTS  
Name: WACHTER, KIMBERLY A  
Address: 2124 S. PINE  
City-St-Zip: Ocala, FL 34471

Title: VP  
Name: WACHTER, GEORGE J  
Address: 2124 SOUTH PINE AVE  
City-St-Zip: Ocala, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY A. WACHTER

DTS

03/16/2012

Electronic Signature of Signing Officer or Director

Date