

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2009  
Secretary of State**

DOCUMENT# N41994

**Entity Name:** PINE RIDGE VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6000 MATANZAS DRIVE  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

3107 MONZA DR  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 59-3049813      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ELMORE, B.R.  
3107 MONZA DR  
SEBRING, FL 33872 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: VD ( ) Delete  
Name: MORRISON, GIL  
Address: 149-6 RAVEN AVE  
City-St-Zip: HARRODSBURG, KY 40330

Title: PD ( ) Delete  
Name: WOLFE, FRANK  
Address: 6004 MATHEWS DR  
City-St-Zip: SEBRING, FL 33872

Title: SD ( ) Delete  
Name: WISBER, ELLEN  
Address: 6020 MATHEWS DR  
City-St-Zip: SEBRING, FL 33872

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

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

Title: PD (X) Change ( ) Addition  
Name: WOLFF, FRANK  
Address: 6004 MATHEWS DR  
City-St-Zip: SEBRING, FL 33872

Title: SD (X) Change ( ) Addition  
Name: WEBER, ELLEN  
Address: 6020 MATHEWS DR  
City-St-Zip: SEBRING, FL 33872

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: FRANK WOLFF

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date