

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2004
Secretary of State**

DOCUMENT# N43168

Entity Name: PINE GROVE CONDOMINIUMS AT BLOOMINGDALE ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2748277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MGMT INC
2180 W. SR 434 STE 5000
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W. SR 434 STE 5000
LONGWOOD, FL 32779

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: _____ Date: 04/14/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MALLON, SUE
Address: 3603 PINE KNOT DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: CECCHI, JOYCE
Address: 1361 BIG PINE DR
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: MAZZUCCA, PATRICIA
Address: 3602 PINE KNOT DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: PEREZ, MADELEN
Address: 1226 BIG PINE DR
City-St-Zip: VALRICO, FL 33594

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 for the exemption stated in Section 119.07(3)(i), 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: PATRICIA MAZZUCCA PD Date: 04/14/2004
Electronic Signature of Signing Officer or Director