

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43168

FILED  
Apr 27, 2005  
Secretary of State

**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 MANAGEMENT INC  
2180 W. SR 434 STE 5000  
LONGWOOD, FL 32779 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: TD ( ) Delete  
Name: PEREZ, MADELEN  
Address: 1226 BIG PINE DR  
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: PD (X) Change ( ) Addition  
Name: LARISON, STEVE  
Address: 1220 BIG PINE DR  
City-St-Zip: VALRICO, FL 33594

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

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

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: STEVE LARISON

PD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date