


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90090 023 ****61.25

DOCUMENT # N00000001784	
1. Entity Name PROSPERITY PINES HOMEOWNERS' ASSOCIATION, INC.	

44032928



Principal Place of Business 2 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 33403	Mailing Address C/O RRG, 2 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 33403
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2. Principal Place of Business C/O Complete Prop Mgmt 4239 Northlake Blvd, Ste. D Palm Beach Gardens, FL 33410 USA	3. Mailing Address C/O Complete Prop Mgmt 4239 Northlake Blvd, Ste. D Palm Beach Gardens, FL 33410 USA
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04122004 Chg-NP CR2E037 (10/03)

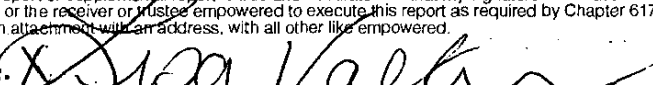
4. FEI Number 65-1097066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PROPERTY PINES HOA C/O ONIEL SHEILA RRG 2 HARVARD CIRCLE STE 100 WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Complete Property Management, Inc. Joseph E. Crossen, Pres. 4239 Northlake Blvd, Ste. D Palm Beach Gardens, FL 33410
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3/31/04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINERT, SUE 212 LONE PINE DR PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOLKER, LISA 200 LONE PINE DR PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOX, LARRY 209 LONE PINE DR PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date 3/31/04 Daytime Phone # 561-626-2728