

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006440

FILED
Apr 20, 2006
Secretary of State

Entity Name: PINE RIDGE HOLLOW EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32708 US

Current Mailing Address:

135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US

FEI Number: 59-3228360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL GROUP SOUTH, INC.
135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

FLARENT, INC
274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US

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: GEOFFREY W. HALL

04/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRO, YOLANDA
Address: 7531 PINE FORK DR
City-St-Zip: ORLANDO, FL 32822

Title: TD () Delete
Name: WILFORD GARY,
Address: 7871 PINE FORK DR
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: TORRES, RUBEN
Address: 7601 PINE FORK DRIVE
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: GEOFFREY W. HALL

MTG

04/20/2006

Electronic Signature of Signing Officer or Director

Date