## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N96000006440

TI FILED
Oct 16, 2006
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

274 WILSHIRE BLVD 7508 PINE FORK DR

STE 282 ORLANDO, FL 32822 US CASSELBERRY, FL 32708 US

Current Mailing Address: New Mailing Address:

274 WILSHIRE BLVD 7731 HIDDEN HOLLOW DR STE 282 ORI ANDO EL 32822 US

STE 282 ORLANDO, FL 32822 US CASSELBERRY, FL 32708 US

FEI Number: 59-3228360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEREZ, ROSA I
7731 HIDDEN HOLLOW DRIVE
ORLANDO, FL 32822 US
PEREZ, ROSA I
7508 PINE FORK DR
ORLANDO, FL 32822 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: 10/16/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CASTRO, YOLANDA
 Name:
 PEREZ, ROSA

 Address:
 7531 PINE FORK DR
 Address:
 7508 PINE FORK DR

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32822

Title: TD ( ) Delete Title: VPD (X) Change ( ) Addition Name: WILFORD GARY, Name: WILFORD, GARY

 Name:
 WILFORD GARY,
 Name:
 WILFORD, GARY

 Address:
 7871 PINE FORK DR
 Address:
 7871 PINE FORK DR

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32822

Title: SD ( ) Delete Title: TRES (X) Change ( ) Addition

 Name:
 TORRES, RUBEN
 Name:
 RUIZ, INESITA

 Address:
 7601 PINE FORK DRIVE
 Address:
 3018 PINEDA DR

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ORLANDO, FL 32822

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: ROSA PEREZ PD 10/16/2006