2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002890

FILED Jan 21, 2007 Secretary of State

Entity Name: PINE HOLLOW ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 5 LAKE WO	640903 RTH, FL 33454	l US	4220 PINE HOLLOW GREENACRES, FL 3		
Current M	lailing Address	s:	New Mailing Addres	ss:	
PO BOX 5 .AKE WO	640903 PRTH, FL 33454	ı US			
El Number	: 65-0783947	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
HOSEIN, I 1220 PINE	NSHAN EHOLLOW CIR CRES, FL 3346				
	·		ourpose of changing its registers	ed office or registered agent or both	
Γhe above n the State	e named entity s e of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
Γhe above	e named entity s e of Florida. RE:	ubmits this statement for the p			
Γhe above n the State	e named entity s e of Florida. RE:			ed office or registered agent, or both, Date	
The above n the State SIGNATUI	e named entity s e of Florida. RE:	ubmits this statement for the positions of the positions of Registered Ag	ent		
The above n the State SIGNATUI	e named entity s e of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the posterior c Signature of Registered Agrons: Delete DDY LOW CIRCLE	ent	Date	
The above n the State SIGNATUI DFFICER: Title: Name: Address:	e named entity se of Florida. RE: Electroni S AND DIRECT TD () HERNANDEZ, EI 4227 PINE HOLL GREEN ACRES,	ubmits this statement for the process of the proces	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: BERNARD SULLIVAN SD 01/21/2007