2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# N96000006440

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

Current Principal Place of Business:

7508 PINE FORK DR
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

7731 HIDDEN HOLLOW DR
ORLANDO, FL 32822 US

New Mailing Address:

FEI Number: 59-3228360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, ROSA I
7508 PINE FORK DR
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

GONZALEZ, 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: ROSA I GONZALEZ 08/27/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREZ, ROSA
Address: 7508 PINE FORK DR
City-St-Zip: ORLANDO, FL 32822

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

Title: TRES ( ) Delete
Name: RUIZ, INESITA
Address: 3018 PINEDA DR
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GONZALEZ, ROSA I
Address: 7508 PINE FORK DR
City-St-Zip: ORLANDO, FL 32822

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 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 I GONZALEZ PD 08/27/2008
Electronic Signature of Signing Officer or Director Date