2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# N96000002890

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

Current Principal Place of Business:

4276 PINE HOLLOW CIRCLE
GREENACRES, FL 33463 US

New Principal Place of Business:

4116 PINE HOLLOW CIRCLE
GREENACRES, FL 33463 US

Current Mailing Address:

PO BOX 540903
LAKE WORTH, FL 33454 US

New Mailing Address:

4116 PINE HOLLOW CIRCLE
GREENACRES, FL 33463 US

FEI Number: 65-0783947 **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:

ANNELIES, MOURING ESQ
4276 PINE HOLLOW CIR
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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: C. ANNELIES MOURING, ESQ.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOURING, ANNELIES
Address: 4276 PINE HOLLOW CIRCLE
City-St-Zip: GREEN ACRES, FL 33463

Title: VPD (X) Delete
Name: SULLIVAN, BERNARD
Address: 4251 PINE HOLLOW CIR
City-St-Zip: GREEN ACRES, FL 33463

Title: S (X) Delete
Name: MOON, BONNIE
Address: 4243 PINE HOLLOW CIRCLE
City-St-Zip: GREENACRES, FL 33463

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 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: C. ANNELIES MOURING P 10/09/2009
Electronic Signature of Signing Officer or Director — Date