2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02457

Entity Name: PINEBROOK TOWNE HOUSE ASSOCIATION, INC.

FILED Feb 26, 2015 Secretary of State CC2261382596

Current Principal Place of Business:

CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. 260 CLEARWATER, FL 33762

Current Mailing Address:

CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. 260 CLEARWATER, FL 33762 US

FEI Number: 59-2478096 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION ASSESSMENT ATTORNEY'S, PA 1112ND AVENUE, NE 539

ST. PETERSBURG, FL 33701 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: ROBERT TODD 02/26/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name OROPESA, HAYDEE Name O'BRIEN, PAT

Address CONDOMINIUM ASSOCIATES Address CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. 260 3001 EXECUTIVE DR. 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title TREASURER Title SECRETARY

Name JOHNSON, JOHN Name MILLS, MICHELLE

Address CONDOMINIUM ASSOCIATES Address CONDOMINIUM ASSOCIATES

CONDOMINIUM ASSOCIATES Address CONDOMINIUM ASSOCIATE 3001 EXECUTIVE DR. 260 3001 EXECUTIVE DR. 260

SOUL EXECUTIVE DR. 200

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR Title D

Name MCMULLEN, SANDRA Name BERWANGER, JAY

Address CONDOMINIUM ASSOCIATES Address CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. 260 3001 EXECUTIVE DR. 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title D

Name PEVEHOUSE, CINDY

Address CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. 260

City-State-Zip: CLEARWATER FL 33762

I hereby 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 all other like empowered.

SIGNATURE: HAYDEE OROPESA PRESIDENT 02/26/2015