2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# 719132

Entity Name: THE PINES - A CONDOMINIUM, INC.

Current Principal Place of Business:

4851 N.W. 103 AVENUE - SUITE 43E
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551057
FT. LAUDERDALE, FL 333551057

New Mailing Address:

FEI Number: 59-1307451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIN OAK MANAGEMET, INC.
4851 N.W. 103 AVENUE - SUITE 43E
SUNRISE, FL 33351 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: FRANKLIN, JOAN
Address: 5335 NW 10TH CT, #302
City-St-Zip: PLANTATION, FL 33313

Title: D ( ) Delete
Name: LONG, M. RITA
Address: 5335 NW 10TH CT UNIT 103
City-St-Zip: PLANTATION, FL 33313

Title: P ( ) Delete
Name: AUTREY, JOHN
Address: 5335 NW 10 CT., #305
City-St-Zip: PLANTATION, FL 33313

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: EBANKS, MERLENE
Address: 5335 NW 10TH CT UNIT 202
City-St-Zip: PLANTATION, FL 33313

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LUBIN, TERESE
Address: 5335 NW 10 CT., # 102
City-St-Zip: PLANTATION, FL 33313

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: JOHN AUTREY PRES 03/28/2009

Electronic Signature of Signing Officer or Director — Date