2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728222

FILED Apr 25, 2008 Secretary of State

Entity Name: PONY PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5842 CLYDESDALE LANE PORT ST. LUCIE, FL 34787 US **Current Mailing Address: New Mailing Address:** 5842 CLYDESDALE LANE PORT ST. LUCIE, FL 34787 US FEI Number: 65-0032035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUTCHINGS, DAVID SOTTILI, DAVID 4842 CLYDSDALE LANE 11755 PALOMINO DR PORT SAINT LUCIE, FL 34987 PORT SAINT LUCIE, FL 34987 US 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: DAVID HUTCHINGS 04/25/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BURNS, LAURA Name: Name: 5731 CLYDESDALE LANE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: Title: () Delete Title: (X) Change () Addition FOTKE, DAVID M Name: FOTKE, DAVID M Name: Address: 5842 CYDESDALE LANE Address: 5842 CYDESDALE LANE City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: PORT SAINT LUCIE, FL 34987 Title: () Delete Title: (X) Change () Addition SCHREINER, JOSEPH SCHREINER, JOSEPH Name: Name: 11350 APPLOOSA COURT 11350 APPLOOSA COURT Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: PORT SAINT LUCIE, FL 34987 Title: () Delete Title: () Change () Addition Name: HOFF, KENNETH Name: Address: 5877 MUSTANG CIRCLE Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: Title: () Delete Title: (X) Change () Addition HUTCHINS, DAVID HUTCHINGS, DAVID Name: Name: 11755 PALOMIND DR 11755 PALOMIND DR Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: PORT SAINT LUCIE, FL 34987 Title: () Delete Title: (X) Change () Addition HALUSKA, MARGARET HALUSKA, MARGARET Name: Name: Address: 5619 CLYDESDALE LANE Address: 5619 CLYDESDALE LANE PORT ST LUCIE, FL PORT ST LUCIE, FL City-St-Zip: 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: DAVE HUTCHINGS P 04/25/2008