

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728222

FILED
Apr 24, 2009
Secretary of State

Entity Name: PONY PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5842 CLYDESDALE LANE
PORT ST. LUCIE, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

5842 CLYDESDALE LANE
PORT ST. LUCIE, FL 34787 US

New Mailing Address:

FEI Number: 65-0032035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINGS, DAVID
11755 PALOMINO DR
PORT SAINT LUCIE, FL 34987 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: D () Delete
Name: BURNS, LAURA
Address: 5731 CLYDESDALE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D () Delete
Name: FOTKE, DAVID M
Address: 5842 CLYDESDALE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D () Delete
Name: SCHREINER, JOSEPH
Address: 11350 APPOLOSA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: D () Delete
Name: HOFF, KENNETH
Address: 5877 MUSTANG CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: P () Delete
Name: HUTCHINGS, DAVID
Address: 11755 PALOMINO DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: TS () Delete
Name: HALUSKA, MARGARET
Address: 5619 CLYDESDALE LANE
City-St-Zip: PORT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEESE, GLENDA
Address: 5905 CLYDESDALE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: T (X) Change () Addition
Name: WHITAKER, LAVERNA
Address: 5650 CLYDESDALE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VP (X) Change () Addition
Name: DEESE, LAWRENCE
Address: 5905 CLYDESDALE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987

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

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

Title: S (X) Change () Addition
Name: HALUSKA, MARGARET
Address: 5619 CLYDESDALE LANE
City-St-Zip: PORT ST LUCIE, FL

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

04/24/2009

Electronic Signature of Signing Officer or Director

Date