## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#728222**

FILED Jaņ 2<u>6, 2</u>012 Secretary of State

Date

Entity Name: PONY PINES PROPERTY OWNERS ASSOCIATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

5870 MUSTANG CIRCLE

PORT ST. LUCIE, FL 34987 US

**Current Mailing Address: New Mailing Address:** 

5870 MUSTANG CIRCLE

PORT ST. LUCIE, FL 34987 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:

STEPHENS, WILL 5870 MUSTANG CIRCLE PORT SAINT LUCIE, FL 34987

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:

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

STEPHENS, WILL Name: Address: 5960 CLYDESDALE LANE City-St-Zip: PORT SAINT LUCIE, FL 34987

Title:

Name: MURPHY, MARGARET Address: 5619 CLYDESDALE LANE City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VΡ

KUTA, PATTY Name: Address: 5890 MUSTANG CR

City-St-Zip: PORT SAINT LUCIE, FL 34987

Title:

Name: ROOKS, VERONICA Address: 11850 PALOMINO DRIVE City-St-Zip: PORT SAINT LUCIE, FL 34987

Title:

Name: DEESE, GLENDA 5905 CLYDESDALE LANE Address: PORT ST LUCIE, FL 34987 City-St-Zip:

Title:

HUTCHINGS, DAVE Name: Address: 11755 PALOMINO DRIVE PORT ST. LUCIE, FL 34987 City-St-Zip:

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: WILL STEPHENS **PRES** 01/26/2012