

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728978

FILED
Mar 07, 2009
Secretary of State

Entity Name: THOUSAND PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O FRED FURGANG
12824 SW 108 AVE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

C/O FRED FURGANG
12824 SW 108 AVE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-1708472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REHR, MICHAEL E ESQ.
9500 SOUTH DADELAND BLVD.
SUITE 550
MIAMI, FL 33156 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: PD () Delete
Name: FURGANG, FRED
Address: 12824 SW 108 AVE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: LEITHAN, LORAIN
Address: 12905 SW 108 AVE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: YABLONSKY, JACKIE
Address: 12904 SW 108 AVE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: ACOSTA, PABLO
Address: 13105 SW 108 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GENTLE, JOHN
Address: 13005 SW 108 AV
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FISHER, PAUL
Address: 13024 SW 107 CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: GARY, THOMAS
Address: 13044 SW 108 AVE
City-St-Zip: MIAMI, FL 33176

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

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

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

Title: () Change () Addition
Name:
Address:
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: FRED A. FURGANG, M.D.

PD

03/07/2009

Electronic Signature of Signing Officer or Director

Date