

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729412

FILED
Apr 02, 2009
Secretary of State

Entity Name: PINE ISLAND VILLAS, I, INC.

Current Principal Place of Business:

501-571 N PINE ISLAND RD
PLANTATION, FL 33324 US

New Principal Place of Business:

573 N PINE ISLAND ROAD
PLANTATION, FL 33324 US

Current Mailing Address:

WEST BROWARD PROPERTY MGNT
11530 STATE ROAD 84
DAVIE, FL 33325 US

New Mailing Address:

WEST BROWARD COMMUNITY MGMT
11530 STATE ROAD 84
DAVIE, FL 33325 US

FEI Number: 59-1577805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST BROWARD PROPERTY MGNT
11530 STATE ROAD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

WEST BROWARD COMMUNITY MGMT
11530 STATE ROAD 84
DAVIE, FL 33325 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: WEST BROWARD COMMUNITY MGMT
Electronic Signature of Registered Agent

04/02/2009
Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUCKLER, MICHAEL TODD
Address: 551 N PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: OGBURN, RICHARD
Address: 569 N PINE ISLAND RD
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: SUE RIDER, BEVERLY
Address: 513 N. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIDER, BEVERLY S
Address: 513 N PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324 US

Title: TD (X) Change () Addition
Name: OGBURN, RICHARD F
Address: 569 N PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324 US

Title: SD (X) Change () Addition
Name: VALLORANI, RANDI L
Address: 545 N PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324 US

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: RICHARD F OGBURN
Electronic Signature of Signing Officer or Director

TD
04/02/2009
Date