

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730228

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: PINE VALLEY CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

101 CLUBHOUSE BLVD,  
NEW SMYRNA BCH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

101 CLUBHOUSE BLVD,  
NEW SMYRNA BCH, FL 32168

**New Mailing Address:**

FEI Number: 59-1669287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLAGLER, ALLEN K  
147 CLUBHOUSE BLVD  
NEW SMYRNA BEACH, FL 32168 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: ST ( ) Delete  
Name: FLAGLER, ALLEN  
Address: 147 CLUBHOUSE BLVD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P ( ) Delete  
Name: HARVEY, STANTON  
Address: P.O. BOX 222  
City-St-Zip: LAUGHLINTOWN, PA 15655

Title: D ( ) Delete  
Name: GREENE, TERRY  
Address: 6099 EDEN PLACE DR  
City-St-Zip: CINCINNATI, OH 452475704

Title: D ( ) Delete  
Name: VARGA, GEORGE  
Address: P.O. BOX 158  
City-St-Zip: CHAMPION, PA 15622

Title: DVP ( ) Delete  
Name: RAHAWSKI, MARK  
Address: 822 E 8TH AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: FLAGLER, ALLEN  
Address: 147 CLUBHOUSE BLVD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PS (X) Change ( ) Addition  
Name: HARVEY, STANTON  
Address: P.O. BOX 222  
City-St-Zip: LAUGHLINTOWN, PA 15655

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

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

Title: D (X) Change ( ) Addition  
Name: RAKOWSKI, MARK  
Address: 822 E 8TH AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ALLEN FLAGLER

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date