

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735805

FILED
Mar 13, 2009
Secretary of State

Entity Name: THOUSAND PINES HOME OWNERS ASSOCIATION, INC., OF PALM BEACH COUNTY

Current Principal Place of Business:

8639 THOUSAND PINES DRIVE
WEST PALM BCH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

8639 THOUSAND PINES DRIVE
WEST PALM BCH, FL 33411 US

New Mailing Address:

FEI Number: 59-1803252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKIVINGTON, JOSHUA L
8732 THOUSAND PINES CIRCLE
WEST PALM BCH, FL 33411 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: PELTON, LARY
Address: 8821 THOUSAND PINES CIRCLE
City-St-Zip: WEST PALM BCH, FL 33411

Title: T/D () Delete
Name: SKIVINGTON, JOSHUA
Address: 8732 THOUSAND PINES CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P/D () Delete
Name: RIGELL, DAVID
Address: 8640 THOUSAND PINES CT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD () Delete
Name: FONK, DENNIS
Address: 8639 THOUSAND PINES DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: CORNWELL, CHARLES C
Address: 8555 THOUSAND PINES COURT
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CHARLES C. CORNWELL

D

03/13/2009

Electronic Signature of Signing Officer or Director

Date