2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741905

FILED Apr 24, 2007 Secretary of State

Entity Name: PINE MEADOW ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4312 PINE MEADOW LANE SARASOTA, FL 342331207 Current Mailing Address:				4332 PINE MEADOW LANE SARASOTA, FL 34233 New Mailing Address:	
			New Mailing Addres		
	E MEADOW LA TA, FL 34233	NE US	4332 PINE MEADOW SARASOTA, FL 3423	_ · · · · _	
FEI Number	r: 65-0344589	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1670 STIC SARASO ^T The above	NORRIS, SYLV CKNEY PT RD TA, FL 34231 e named entity s te of Florida.	US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Γitle: Name:	P ()	Delete	Title:	() Change () Addition	
Address: City-St-Zip:	ROSENBAUM, \$ 4332 PINE MEA SARASOTA, FL	DOW LN	Name: Address: City-St-Zip:	() Shange () / wallen	
Address:	4332 PINE MEA SARASOTA, FL	NDOW LN 34233 Delete NDOW LN.	Name: Address:	() Change () Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	4332 PINE MEA SARASOTA, FL VP () BOYER, ANN 4321 PINE MEA SARASOTA, FL	ADOW LN 34233 Delete ADOW LN. 34233 Delete AN ADOW TER	Name: Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Fitle: Name: Address:	4332 PINE MEA SARASOTA, FL VP () BOYER, ANN 4321 PINE MEA SARASOTA, FL S () CASTORANI, D. 4342 PINE MEA SARASOTA, FL	Delete ADOW LN. 34233 Delete AN ADOW TER 34233 Delete AN ADOW TER 34233 Delete ADOW LANE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	
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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: STEVE ROSENBAUM PRES 04/24/2007