2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 741905

Entity Name: PINE MEADOW ASSOCIATION,INC.

Current Principal Place of Business:

4312 PINE MEADOW LANE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4312 PINE MEADOW LANE
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 65-0344589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDEN NORRIS, SYLVIA
1670 STICKNEY PT RD
SARASOTA, FL 34231 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:	P	( ) Delete
Name:	PARADISO, DOROTHY	
Address:	4227 PINE MEADOW TER.	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	VP	( ) Delete
Name:	KRISTMANN, SHERRY	
Address:	4371 PINE MEADOW LN.	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	S	( ) Delete
Name:	FULTON, BARBARA	
Address:	4311 PINE MEADOW LN	
City-St-Zip:	SARASOTA, FL 34233	
Title:	TR	( ) Delete
Name:	DEEHR, JEFF	
Address:	4312 PINE MEADOW LANE	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	D	( ) Delete
Name:	RITCHIE, JONE	
Address:	4317 PINE MEADOW TERR	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	D	( ) Delete
Name:	MAYCLIN, TIM	
Address:	4301 PINE MEADOW LN	
City-St-Zip:	SARASOTA, FL 34233 US	

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:	
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: JEFF DEEHR TREA 02/19/2009

Electronic Signature of Signing Officer or Director — Date