

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743975

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE PINES OF CLEARWATER CONDOMINIUM, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-1881045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: CAPEK, PAUL
Address: 1577 GREENLEA DRIVE #10
City-St-Zip: CLEARWATER, FL 33755

Title: VPD () Delete
Name: ZIMMERMAN, NORMAN
Address: 3 VIRGINIA AVE
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: TD () Delete
Name: SOTIROS, MARIE
Address: 10854 SOUTH ROCKWELL
City-St-Zip: CHICAGO, IL 60655

Title: PD () Delete
Name: HEFLIN, BONNIE
Address: 1579 GREENLEA DR APT 9
City-St-Zip: CLEARWATER, FL 33755

Title: SD () Delete
Name: ABADIE, GAYLE
Address: 105 PINE DR
City-St-Zip: COVINGTON, LA 70433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCPHILLIPS, KATHLEEN
Address: 1579 GREENLEA DRIVE #4
City-St-Zip: CLEARWATER, FL 33755

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

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

Title: D (X) Change () Addition
Name: SCHAMEL, KATHY
Address: 1579 GREENLEA DR #5
City-St-Zip: CLEARWATER, FL 33755

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: KATHLEEN MCPHILLIPS

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date