

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747690

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** PINE SHADOWS CONDOMINIUM, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

4150 YELLOW PINE LANE  
ORLANDO, FL 328112905

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

4150 YELLOW PINE LANE  
ORLANDO, FL 328112905

**FEI Number:** 59-1915355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZMAN GARFINKEL & BERGER  
300 NORTH MAITLAND AVE  
MAITLAND, FL 32751 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: PD  
Name: CARNERI, PAMELA  
Address: 4150 YELLOW PINE LANE  
City-St-Zip: ORLANDO, FL 32811

Title: VPD  
Name: RUSCALLED, EFRAIN  
Address: 4150 YELLOW PINE LANE  
City-St-Zip: ORLANDO, FL 32811

Title: SD  
Name: FIXL, MARY HELEN  
Address: 4150 YELLOW PINE LANE  
City-St-Zip: ORLANDO, FL 32811

Title: TD  
Name: GONZALEZ, LOUIS  
Address: 4150 YELLOW PINE LANE  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: WAWRZASZEK, DOLORES  
Address: 4150 YELLOW PINE LANE  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: HANDLER, RHONDA  
Address: 4150 YELLOW PINE LANE  
City-St-Zip: ORLANDO, FL 32811

I hereby 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 all other like empowered.

SIGNATURE: PAMELA CARNERI

PD

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date