

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# 754225

Entity Name: PINE MEADOWS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1890 WOLFORD RD.  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

**Current Mailing Address:**

1890 WOLFORD RD.  
CLEARWATER, FL 33760 US

**New Mailing Address:**

FEI Number: 34-8329047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HENRY, CATHY  
1890 WOLFORD ROAD #8  
CLEARWATER, FL 33760 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: STULL, CAROLINE  
Address: 1890 WOLFORD RD #11  
City-St-Zip: CLEARWATER, FL 33760

Title: VP ( ) Delete  
Name: HENRY, ANNETTE  
Address: 1890 WOLFORD RD 7  
City-St-Zip: CLEARWATER, FL 33760

Title: T ( ) Delete  
Name: HENRY, CATHY  
Address: 1890 WOLFORD RD #8  
City-St-Zip: CLEARWATER, FL 33760

Title: S ( ) Delete  
Name: GARRETT, BRENDA  
Address: 1890 WOLFORD RD 18  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HENRY, ANNETTE  
Address: 1890 WOLFORD RD #7  
City-St-Zip: CLEARWATER, FL 33760

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: CATHY HENRY

T

04/29/2009

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

\_\_\_\_\_  
Date