

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754607

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE VILLAGE OF PINE RUN PROPERTY OWNERS, INC.

Current Principal Place of Business:

P.O. BOX 1783
ORMOND BEACH, FL 32175 US

New Principal Place of Business:

111 OAK LANE
ORMOND BEACH, FL 321742633 US

Current Mailing Address:

P.O. BOX 1783
ORMOND BEACH, FL 32175 US

New Mailing Address:

FEI Number: 59-2091537 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OLIVERO, KATHLEEN
111 OAK LANE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

OLIVERO, KATHLEEN
111 OAK LANE
ORMOND BEACH, FL 321742633 US

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: _____

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AKINS, ROY
Address: 7 WALNUT COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP () Delete
Name: HARDESTY, MINNA
Address: 5 WALNUT CIR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: COP () Delete
Name: BROWN, JEFF
Address: 24 VILLAGE DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: OLIVERO, KATHLEEN
Address: 111 OAK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: WEST, ERIC
Address: 119 PINE TREE DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Delete
Name: OATWAY, LYLE
Address: 4 WALNUT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: HARDESTY, MINNA
Address: 5 WALNUT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: VP (X) Change () Addition
Name: OATWAY, LYLE
Address: 4 WALNUT CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174 US

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 OLIVERO

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02/27/2009

Electronic Signature of Signing Officer or Director

Date