

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756258

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** PINE BLUFF HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

110 OLD TREE LINE TR  
DELAND, FL 32724 US

**New Principal Place of Business:**

**Current Mailing Address:**

110 OLD TREE PINE TR  
DELAND, FL 32724 US

**New Mailing Address:**

110 OLD TREE LINE TR  
DELAND, FL 32724 US

**FEI Number:** 59-2596422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RANSBOTTOM, LUELLEN  
991 OLD MILL RUN  
ORMOND BCH, FL 32174 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: VPD  
Name: SMITH, ANNETTE  
Address: 120 SILVER BOW TRAIL  
City-St-Zip: DELAND, FL 32724

Title: PD  
Name: VAN HOTEN, CLARK  
Address: 930 SHADY BRANCH TRAIL  
City-St-Zip: DELAND, FL 32724

Title: SD  
Name: KWIATKOWSKI, RICHARD  
Address: 240 SHADY BRANCH TRAIL  
City-St-Zip: DELAND, FL 32724

Title: TD  
Name: ROSE, TOM  
Address: 150 SHADY BRANCH TRAIL  
City-St-Zip: DELAND, FL 32724 US

Title: D  
Name: GEIGER, ROSS  
Address: 210 SHADY BRANCH TRAIL  
City-St-Zip: DELAND, FL 32724 US

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:** CLARK VAN HOTEN

PRES

01/11/2010

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

\_\_\_\_\_  
Date