2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 759527

Entity Name: PINE MEADOWS COVE HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

3065 PINE COVE PL
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

3065 PINE COVE PL.
EUSTIS, FL 32726 US

New Mailing Address:

FEI Number: 59-2138254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, ROLAND
3026 PINE COVE PLACE
EUSTIS, FL 32726 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: SD ( ) Delete
Name: VAUGHN, ED
Address: 3053 PINE COVE PLACE
City-St-Zip: EUSTIS, FL 32726

Title: PD ( ) Delete
Name: WHITE, ROLAND
Address: 3026 PINE COVE PL
City-St-Zip: EUSTIS, FL 32726

Title: TD ( ) Delete
Name: ATKINS, WILLIAM G
Address: 3065 PINE COVE PL
City-St-Zip: EUSTIS, FL 32726

Title: VD ( ) Delete
Name: KNIFFIN, VALERIE
Address: 3020 PINE COVE PL
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILIAM G. ATKINS TD 01/15/2009

Electronic Signature of Signing Officer or Director — Date