# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2007**
**Secretary of State**

DOCUMENT# 760577

**Entity Name:** PINE NEEDLE PARK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 S. CONGRESS AVE.
SUITE 1C
W PALM BCH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S. CONGRESS AVE.
SUITE 1C
W PALM BCH, FL 33406

**New Mailing Address:**

**FEI Number: 59-2497042** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HILLEY, DONALD
860 US HWY. ONE. STE. #108
N. PALM BEACH, FL 33408 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: STD ( ) Delete
Name: FRUTOS, YANDY
Address: 3190 FOXRIDGE COURT
City-St-Zip: PALM SPRINGS, FL 33461

Title: VPD ( ) Delete
Name: MONZON, REBECCA
Address: 3776 PARKSIDE CIRCLE
City-St-Zip: PALM SPRINGS, FL 33461

Title: PD ( ) Delete
Name: BOURASSA, SHERON
Address: 3812 PARKSIDE CIRCLE
City-St-Zip: PALM SPRINGS, FL 33461

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

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

Title: D (X) Change ( ) Addition
Name: LAVALLEE, GARY
Address: 3245 FOXRIDGE CT
City-St-Zip: PALM SPRINGS, FL 33461

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERON BOURASSA PD 04/03/2007

Electronic Signature of Signing Officer or Director Date