

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760577

FILED  
Jan 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4524 GUN CLUB RD  
SUITE 105  
W PALM BCH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

4524 GUN CLUB RD  
SUITE 105  
W PALM BCH, FL 33415

**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:**

SOUTHERN SHORES MANAGEMENT  
4524 GUN CLUB RD,#105  
WEST PALM BEACH, FL 33415 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: D ( ) Delete  
Name: LAVALLEE, GARY  
Address: 3245 FOXRIDGE CT  
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: ( ) 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: SHERON BOURASSA

PRES

01/22/2009

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

\_\_\_\_\_  
Date