2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760980

FILED Feb 06, 2009 Secretary of State

Entity Name: PINE GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7165 ALMENDRO TERRACE FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

C/O CAPITAL PROPERTIES 3364 CLEVELAND AVE FORT MYERS, FL 33901

FEI Number: 59-2157361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAGER, KENNETH D CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE FORT MYERS, FL 33901 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BERNDT, WILLIAM BERNDT, WILLIAM Name: Name: 7133-40 PENNER LN Address: 7133-40 PENNER LN Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: FT. MYERS, FL 33907

Title: Title: () Delete (X) Change () Addition

TODD, JOAN Name: TODD, JOAN Name:

Address: 7130-21 KOLA TERRACE Address: 7130-21 KOLA TERRACE City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

Title: () Delete Title: (X) Change () Addition BLACKBURN, DON PIERCE, CHARLOTTE Name: Name:

Address: 7164-2 LYLE TERR. Address: 7127-1 ALMENDRO TERRACE City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

(X) Change () Addition Title: () Delete Title: Name: HOUGH, STEPHANIE Name: O'TOOLE, JOHN

7164-1 ALMENDRO TERRACE Address: Address: 7130-22 KOLA TERRACE City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

Title: () Delete Title: (X) Change () Addition

PYSARCHUK, GREG & LYNNE EAGLESTON, BERNARD Name: Name: 7161-4 PENNER LN 7132-25 PENNER LANE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

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: HEATHER CHAPMAN-WAGNER CAM 02/06/2009