

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766191

FILED
Apr 30, 2009
Secretary of State

Entity Name: PINE RIDGE PALMS ASSOCIATION, INC.

Current Principal Place of Business:

16300 PINE RIDGE ROAD
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16300 PINE RIDGE ROAD
FORT MYERS, FL 33908

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, RANDY PRES
16300 PINE RIDGE ROAD
FT MYERS, FL 33908 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: T () Delete
Name: OTT, THOMAS
Address: PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: TARDIF, GAIL
Address: 16300 PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: ELWOOD, VICKI
Address: PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL

Title: D () Delete
Name: VINCENT, DAVID
Address: PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: HAMILTON, RANDY
Address: PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: TILLER, JUNE
Address: PINE RIDGE ROAD
City-St-Zip: FORT MYERS, FL 33908

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:

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: TOM OTT

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date