


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90228 037 ****61.25

DOCUMENT # 766544	
1. Entity Name THE POINT OF PINES ASSOCIATION, INC.	

Principal Place of Business 1380 AQUA VIEW LANE ENGLEWOOD, FL 34223	Mailing Address C/O CLAYTON S. LONG 1380 AQUA VIEW LANE ENGLEWOOD, FL 34223
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60043164



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04252007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6173757	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LONG, CLAYTON S 1380 AQUA VIEW LANE ENGLEWOOD, FL 34223	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$81.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME WRIGHT, PHYLLIS STREET ADDRESS 1432 LEMON BAY DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE TD <input type="checkbox"/> Delete	NAME LONG, CLAYTON S STREET ADDRESS 1380 AQUA VIEW LANE CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE VPD <input checked="" type="checkbox"/> Delete	NAME BAUST, JOHN STREET ADDRESS 1452 DEER CRK DR CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE D <input checked="" type="checkbox"/> Delete	NAME LAUZON, BILL STREET ADDRESS 1424 LEMON BAY DR CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE SD <input checked="" type="checkbox"/> Delete	NAME BAUST, BETTY STREET ADDRESS 1452 DEER CREEK DR CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE D <input checked="" type="checkbox"/> Delete	NAME RICE, JEFF STREET ADDRESS 1425 LEMON BAY DR CITY-ST-ZIP ENGLEWOOD, FL 34223

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PARSONS, DICK STREET ADDRESS 1435 LEMON BAY DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PHILPIT, MATTHEW STREET ADDRESS 1420 LEMON BAY DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34223
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Clayton Long</u> CLAYTON LONG	Date <u>4/25/07</u>	Daytime Phone # <u>941-460-0719</u>
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