

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 05, 2008
Secretary of State**

DOCUMENT# 766544

Entity Name: THE POINT OF PINES ASSOCIATION, INC.**Current Principal Place of Business:**1420 LEMON BAY DRIVE
ENGLEWOOD, FL 34223**New Principal Place of Business:**1432 LEMON BAY DRIVE
ENGLEWOOD, FL 34223**Current Mailing Address:**C/O MATTHEW PHILPIT
1420 LEMON BAY DRIVE
ENGLEWOOD, FL 34223**New Mailing Address:**C/O PHYLLIS WRIGHT
1432 LEMON BAY DRIVE
ENGLEWOOD, FL 34223

FEI Number: 59-6173757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:PHILPIT, MATTHEW B
1420 LEMON BAY DRIVE
ENGLEWOOD, FL 34223 US**Name and Address of New Registered Agent:**WRIGHT, PHYLLIS
1432 LEMON BAY DRIVE
ENGLEWOOD, FL 34223 US

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: PHYLLIS WRIGHT

04/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: BALOGH, BILL
Address: 1330 AQUA VIEW LN
City-St-Zip: ENGLEWOOD, FL 34223Title: SD () Delete
Name: METZGER, LEA ANNE
Address: 1360 AQUA VIEW LANE
City-St-Zip: ENGLEWOOD, FL 34223Title: D () Delete
Name: WRIGHT, PHYLLIS
Address: 1432 LEMON BAY DRIVE
City-St-Zip: ENGLEWOOD, FL 34223Title: TD () Delete
Name: PHILPIT, MATTHEW
Address: 1420 LEMON BAY DRIVE
City-St-Zip: ENGLEWOOD, FL 34223**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: WRIGHT, PHYLLIS
Address: 1432 LEMON BAY DRIVE
City-St-Zip: ENGLEWOOD, FL 34223Title: D (X) Change () Addition
Name: PHILPIT, MATTHEW
Address: 1420 LEMON BAY DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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: PHYLLIS WRIGHT

TD

04/05/2008

Electronic Signature of Signing Officer or Director

Date