

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766544

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE POINT OF PINES ASSOCIATION, INC.

Current Principal Place of Business:

1432 LEMON BAY DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

C/O PHYLLIS WRIGHT
1432 LEMON BAY DRIVE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-6173757 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WRIGHT, PHYLLIS
1432 LEMON BAY DRIVE
ENGLEWOOD, FL 34223 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: PD () Delete
Name: BALOGH, BILL
Address: 1330 AQUA VIEW LN
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD () Delete
Name: METZGER, LEA ANNE
Address: 1360 AQUA VIEW LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD () Delete
Name: WRIGHT, PHYLLIS
Address: 1432 LEMON BAY DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BASILOTTO, GERRY
Address: 1468 DEER CREEK DR
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

_____ Electronic Signature of Signing Officer or Director

TRES

03/27/2009

_____ Date