

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766544

FILED
Mar 19, 2012
Secretary of State

Entity Name: THE POINT OF PINES ASSOCIATION, INC.

Current Principal Place of Business:

1380 AQUA VIEW LN
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

C/O CLAYTON S LONG
1380 AQUA VIEW LN
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:

LONG, CLAYTON S
1380 AQUA VIEW LN
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
Name: BALOGH, BILL
Address: 1330 AQUA VIEW LN
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: TD
Name: LONG, CLAYTON S
Address: 1380 AQUA VIEW LN
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: BASILOTTO, GERRY
Address: 1468 DEER CREEK DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: HANSBERGER, CRIS
Address: 1350 AQUA VIEW LN
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: MOUNT, DEBBIE
Address: 1410 DEER CREEK
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: CLAYTON S LONG

TD

03/19/2012

Electronic Signature of Signing Officer or Director

_____ Date