2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766685

FILED Jan 21, 2008 Secretary of State

Entity Name: PINE-TIP HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1292 TIMBERLANE ROAD 2630 CENTENNIAL PLACE TALLAHASSEE, FL 32312 US US TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

1292 TIMBERLANE ROAD 2630 CENTENNIAL PLACE TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32308 US

FEI Number: 59-2697872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERCER, FRANK 3658 DWIGHT DAVIS DR TALLAHASSEE, FL 32312 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SCOTT, PATRICE PARKHURST, PARKY Name: Name:

3809 SALLY LANE Address: 3400 DWIGHT DAVIS DR Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete Title: () Change () Addition

Name: MERCER, FRANK Name: Address: 3658 DWIGHT DAVIS DR Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip:

Title: () Delete Title: () Change () Addition

MILLER, KATHY Name: Name: 3636 DEXTER DR Address: Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip:

() Delete Title: VPD Title: () Change () Addition

Name: SCHUCK, JAY Name: Address: 3675 DEXTER DR Address: City-St-Zip: TALLAHASSEE, FL 32312 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: FRANK MERCER **TRE** 01/21/2008