

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767868

FILED
Mar 01, 2009
Secretary of State

Entity Name: PINE ISLAND VILLAGE, UNIT I & UNIT II, HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

TURTLE TRAIL LANE
ST JAMES CITY, FL 33956 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 311
ST JAMES CITY, FL 33956 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANKENBRING, PAMELA
4531 PINE VILLAGE CT
ST JAMES CITY, FL 33956 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: P () Delete
Name: DANKENBRING, KENT
Address: 4531 PINE VILLAGE CT
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: SD () Delete
Name: LANGELIER, GERRI
Address: 4459 LAKE HEATHER CIRCLE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D () Delete
Name: HOWARD, ED
Address: 4460 LAKE HEATHER CIR
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T () Delete
Name: DANKENBRING, PAMELA
Address: 4531 PINE VILLAGE CT.
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D () Delete
Name: MCCORMACK, DIXIE
Address: 4419 LAKE HEATHER CIR
City-St-Zip: SAINT JAMES CITY, FL 33956

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

Title: () Change () Addition
Name:
Address:
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: PAMELA DANKENBRING

T

03/01/2009

Electronic Signature of Signing Officer or Director

Date