


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # 770389 1. Entity Name PINE SPRINGS HOMEOWNERS' ASSOCIATION, INC.	
---	---

Principal Place of Business 9033 PINE SPRINGS DR. BOCA RATON, FL 33428	Mailing Address 9033 PINE SPRINGS DR. BOCA RATON, FL 33428
--	--

DO NOT WRITE IN THIS SPACE



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2410274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GELFAND, MICHAEL J ESQ
GELFAND & ARPE, P.A.
1555 PALM BEACH LKS. BLVD., STE. 1220
WEST PALM BEACH, FL 33401-2329**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDERMAN, GERALD 9044 PINE SEGINO DR BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERWILLIGER, GARY 20818 SPRINGS TERRACE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAIORINO, FAWN 9100 PINE SPRING DR BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COAN, MARGARET 20899 SPRINGS TERR BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRILLO, JOHN 9167 PINE SPRINGS DR BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMMEI, JOSEPH 20900 SPRINGS TERRACE BOCA RATON, FL 33428

**DO NOT WRITE
IN THIS SPACE**

U00000607035
01/31/07-80020-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GERALD SCHNEIDERMAN** 1/26/07 261-853-5600

Signature and typed or printed name of signing officer or director Date Daytime Phone #