

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003743

Entity Name: ROSLYN PINES, INC.

FILED
Jan 31, 2009
Secretary of State

Current Principal Place of Business:

941 SOUTH ATLANTIC DRIVE
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

941 SOUTH ATLANTIC DRIVE
LANTANA, FL 33462

New Mailing Address:

FEI Number: 11-1675596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILDEBRANDT, STEVEN
941 SOUTH ATLANTIC DRIVE
LANTANA, FL 33462 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTUCCI, FRANK
Address: 1179 SOUTH ATLANTIC DRIVE
City-St-Zip: LANTANA, FL 33462

Title: VP () Delete
Name: KLEWICKI, GAIL
Address: 941 SOUTH ATLANTIC DR
City-St-Zip: LANTANA, FL 33462

Title: S () Delete
Name: HILDEBRANDT, JUDI
Address: 15170 MEADOWOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: MARTUCCI, LILLIAN
Address: 1179 SOUTH ATLANTIC DR
City-St-Zip: LANTANA, FL 33462

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL KLEWICKI

VP

01/31/2009

Electronic Signature of Signing Officer or Director

Date