

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001417

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** PINE FOREST ROYALE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14 W JORDAN ST, STE 1L  
PENSACOLA, FL 32501

**New Principal Place of Business:**

110 BEVERLY PKWY  
PENSACOLA, FL 32505

**Current Mailing Address:**

14 W JORDAN ST, STE 1L  
PENSACOLA, FL 32501

**New Mailing Address:**

PO BOX 10810  
PENSACOLA, FL 32524

**FEI Number:** 59-3642756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REALTY MASTERS OF FL  
14 W JORDAN ST, STE 1L  
PENSACOLA, FL 32501 US

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

NYLUND, C J  
HANK HOLLAND PROPERTY MANAGEMENT INC  
110 BEVERLY PKWY  
PENSACOLA, FL 32505 US

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: C J NYLUND

04/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JACKSON, CHERYL  
Address: 2256 TRAILWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

Title: VPD ( ) Delete  
Name: ZAGAMI, PEGGY  
Address: 2551 TRAILWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

Title: SD ( ) Delete  
Name: HOLT, KIMBERLY  
Address: 2253 TRAILWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

Title: TD (X) Delete  
Name: ROMANO, CLAY  
Address: 2317 TRAILWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WORKMAN, ROGER  
Address: 2578 TRAILWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

Title: ST (X) Change ( ) Addition  
Name: ZAGAMI, PEGGY  
Address: 2551 TRAILWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

Title: VPD (X) Change ( ) Addition  
Name: TEETS, DEBORAH  
Address: 2263 TRAILWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

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: ROGER WORKMAN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date