2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N00000002556

Entity Name: PINE TRAILS - PHASE III SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

37 OCEAN PINES DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

37 OCEAN PINES DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 33-1204446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAIRSTOW, ALEXIS
37 OCEAN PINES DRIVE
ORMOND BEACH, FL 32174 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: DP ( ) Delete
Name: BABCOCK, KEVIN
Address: 1857 OLD TOMOKA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV ( ) Delete
Name: GREEN, LANCE E
Address: 6469 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: DST ( ) Delete
Name: BABCOCK, TRACY B
Address: 1857 OLD TOMOKA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: CHRISTALDI, JOHN
Address: 41 OCEAN PINES DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: TRES ( ) Change (X) Addition
Name: MORGAN, DIANE
Address: 18 PINE TRAILS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

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: ALEXIS BAIRSTOW PRES 07/07/2008

Electronic Signature of Signing Officer or Director — Date