

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002736

FILED
Aug 22, 2009
Secretary of State

Entity Name: PINECRAFT SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

3434 BAHIA VISTA ST
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3434 BAHIA VISTA ST
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-1068208 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:

RIDDELL, JEFFERSON F
2050 PROCTOR RD
SARASOTA, FL 34231 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: D (X) Delete
Name: SMOKER, BENJAMIN K
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: SMUCKER, SAM
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: VD (X) Delete
Name: FARMWALD, JOHN
Address: 1592 GOOD AVE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: GLICK, ELMER
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: ASD () Delete
Name: GINGERICH, MOSE
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: TSD () Delete
Name: EMRICH, TODD W
Address: 3434 BAHIA VISTA ST.
City-St-Zip: SARASOTA, FL 34239

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:

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: TODD W. EMRICH

TSD

08/22/2009

Electronic Signature of Signing Officer or Director

Date