

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003308

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** PINE GRAHAM TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

20 S GRAHAM AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

20 S GRAHAM AVE  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THOMAS, SHAYNE A  
20 S GRAHAM AVE  
ORLANDO, FL 32803 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: P ( ) Delete  
Name: THOMAS, SHAYNE  
Address: 20 S GRAHAM AVE  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: ADAMS, LESLIE  
Address: 36 SOUTH GRAHAM AVE  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: KENNEDY, KRISTYNE  
Address: 32 S GRAHAM AVE  
City-St-Zip: ORLANDO, FL 32803

**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:

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: SHAYNE THOMAS

P

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date