2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00120

Apr 22, 2009 Secretary of State

Entity Name: PINE RUSH VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3001 EXECUTIVE DR SUITE 260

CLEARWATER, FL 33762 US

New Mailing Address: Current Mailing Address:

CONDOMINIUM ASSOCIATES 5001 FOURTH STREET NORTH 3001 EXECUTIVE CENTER DR. #260 SUITE A CLEARWATER, FL 33762 ST. PETERSBURG, FL 33734 US

FEI Number: 59-2678547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONDOMINIUM ASSOCIATES LANG & BROWN, PA 3001 EXECUTIVE CENTER SR. #260 5001 FOURTH STREET NORTH CLEARWATER, FL 33762 SUITE A

ST. PETERSBURG, FL 33734 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: SHAWN BROWN 04/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DS () Delete (X) Change () Addition WRIGHT, ANGELA PIRNER, MONIKA Name: Name:

1545 79TH AVE N Address: 504 100TH AVE. NORTH, #104 Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: SAINT PETERSBURG, FL 33702

Title: () Delete Title: (X) Change () Addition

HALM, ROBERT Name: ATWELL, PAUL Name:

Address: 9925 7TH WAY N. #102 Address: 9960 5TH STREET NORTH, #304 City-St-Zip: ST. PETERSBURG, FL 32702 City-St-Zip: ST. PETERSBURG, FL 32702

() Delete Title: () Change () Addition

Title: CONLEY, CLAUDETTE Name: Name:

10033 NINTH STREET NORTH Address: Address: City-St-Zip: ST PETE, FL 33716 City-St-Zip:

(X) Change () Addition Title: VD () Delete Title:

STRICKER, STACY Name: Name: STRICKER, STACY Address: 592 100TH AVE. N #202 Address: 592 100TH AVE. N #202

City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: SAINT PETERSBURG, FL 33702

Title: () Delete Title: () Change () Addition

AKIL, PATRICA Name: Name: 654 AOOTH AVE. N. #206 Address: Address: SAINT PETERSBURG, FL 33702 City-St-Zip: 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: PATRICIA AKIL Ρ 04/22/2009