

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 23, 2010
Secretary of State

DOCUMENT# N01000003122

Entity Name: PINES WEST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**645 CLASSIC CT
STE 104
MELBOURNE, FL 32940 US**New Principal Place of Business:****Current Mailing Address:**645 CLASSIC CT
STE 104
MELBOURNE, FL 32940 US**New Mailing Address:****FEI Number:** 59-3723954 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIGHTHOUSE PROPERTIES INT., INC.
645 CLASSIC CT
STE 104
MELBOURNE, FL 32940 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:** PRES
Name: KALE, MARY
Address: 105 CARDIFF AVE
City-St-Zip: DAVENPORT, FL 33897 US**Title:** VP
Name: BELLEK, MICHELLE
Address: 240 MILFORD ST
City-St-Zip: DAVENPORT, FL 33897 US**Title:** TREA
Name: GANDARILLAS, ENRIQUE
Address: 424 MILFORD ST
City-St-Zip: DAVENPORT, FL 33897 US**Title:** SEC
Name: SWANTZ, NANCY
Address: 350 KESWICK AVE.
City-St-Zip: DAVENPORT, FL 33897 US**Title:** DAL
Name: TRUDEAU, STEPHEN
Address: 776 LYNN FIELDS PKWY
City-St-Zip: MELROSE, MA 02176 US

I hereby 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 all other like empowered.

SIGNATURE: MARY KALE

PRES

06/23/2010

Electronic Signature of Signing Officer or Director

Date