

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002469

FILED
Apr 24, 2009
Secretary of State

Entity Name: PINE LAKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD, SUITE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

Current Mailing Address:

5955 T.G. LEE BLVD, SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

FEI Number: 57-1154126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD, SUITE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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: _____

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERSON, CATHERINE
Address: 1863 CHATHAM VILLAGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: VPD () Delete
Name: WHITAKER, DONALD
Address: 2331 OLD PINE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: STD () Delete
Name: TERMER, LESLIE
Address: 1838 WINTER PINES COURT
City-St-Zip: ORANGE PARK, FL 32003

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: CATHERINE PETERSON

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date