# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2007**
**Secretary of State**

DOCUMENT# N02000006669

**Entity Name:** PINE RIDGE PLAZA CONDO ASSOCIATION, INC.

**Current Principal Place of Business:**

5600 N TAMIAMI TR #17
NAPLES, FL 34108

**New Principal Place of Business:**

5600 N TAMIAMI TR .
#17
NAPLES, FL 34108

**Current Mailing Address:**

5600 N TAMIAMI TR #17
NAPLES, FL 34108

**New Mailing Address:**

5600 N TAMIAMI TR
#17
NAPLES, FL 34108

**FEI Number: 59-1871848** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

O'REILLY, NEIL
336 MELJEN DR
NAPLES, FL 34105 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: PD ( ) Delete
Name: BOWEIN, LLOYD
Address: 5600 N TAMIAMI TR #17
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: O'REILLY, NEIL
Address: 5600 N TAMIAMI TR #17
City-St-Zip: NAPLES, FL 34108

Title: ST ( ) Delete
Name: CARVILL, CAROLINE
Address: 5600 N TAMIAMI TR #17
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: O'REILLY, SALLY
Address: 5600 N.TAMIAMI TR #17
City-St-Zip: NAPLES, FL 34108

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINE CARVILL ST 03/10/2007

Electronic Signature of Signing Officer or Director — Date