

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006669

FILED
Apr 29, 2009
Secretary of State

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:

Current Mailing Address:

5600 N TAMIAMI TR
#17
NAPLES, FL 34108

New Mailing Address:

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: PD (X) Change () Addition
Name: BOWEIN, LLOYD L
Address: 10021 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 34108

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: LLOYD L. BOWEIN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date