2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006774

FILED Mar 23, 2009 Secretary of State

Entity Name: PINE HILLS ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
708 W M AMPA, F	ARLIN AVE L 33611			
Current Mailing Address:		New Mailing Address:		
708 W. N AMPA, F	1ARLIN AVE L 33611			
El Number	: 65-1186426	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:	
OCKEY	0.4501.14			
	CAROL M ARLIN AVE L 33611 US			
708 W M. AMPA, F he above	ARLIN AVE L 33611 US		ourpose of changing its registere	ed office or registered agent, or both
708 W M. AMPA, F he above	ARLIN AVE L 33611 US named entity s e of Florida. RE:	ubmits this statement for the p		
708 W M AMPA, F he above the State	ARLIN AVE L 33611 US named entity s e of Florida. RE:	ubmits this statement for the p	ent	ed office or registered agent, or both Date ES TO OFFICERS AND DIRECTO
708 W M AMPA, F he above the State	ARLIN AVE L 33611 US e named entity s e of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the price Signature of Registered Age FORS: Delete ARD N AVE	ent	Date
708 W M. AMPA, F he above the State IGNATUI FFICER: ttle: ame: ddress:	ARLIN AVE L 33611 US e named entity s e of Florida. RE: Electroni S AND DIRECT PD () LOCKEY, RICH/ 2708 W. MARLII TAMPA, FL 336	ubmits this statement for the price Signature of Registered Age FORS: Delete ARD N AVE 111 Delete DL N AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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: STEVE MYERS MBR 03/23/2009