

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007546

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Entity Name:** PINE NEEDLES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

14700 O'CONNELL RD  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

14700 O'CONNELL RD  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:** 20-1578260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRUEGER, FREDERICK  
14700 O'CONNELL RD  
DADE CITY, FL 33525 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: DPST  
Name: KRUEGER, FREDERICK  
Address: 14700 O'CONNELL RD  
City-St-Zip: DADE CITY, FL 33525

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: FREDERICK KRUEGER

DPST

09/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date