2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2006
Secretary of State

DOCUMENT# N02000008806

Entity Name: PINE FLEX CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

700 SWEETWATER CREEK CT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

700 SWEETWATER CREEK CT
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 11-3679994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMIRZADEH, HOSSAIN
700 SWEETWATER CREEK CT
LONGWOOD, FL 32779 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:	D	( ) Delete
Name:	TANG, SUZANNA M	
Address:	1326 SPRUCE AVENUE	
City-St-Zip:	ORLANDO, FL 32824	
Title:	PTD	( ) Delete
Name:	DEMARTINO, GREG	
Address:	14409 NOTTINGHAM WAY CR	
City-St-Zip:	ORLANDO, FL 32828	
Title:	D	( ) Delete
Name:	NOHAR, SEWPERSAUD	
Address:	1334 SPRUCE AVENUE	
City-St-Zip:	ORLANDO, FL 32824	
Title:	D	( ) Delete
Name:	SCHUK, CHAD	
Address:	1330 SPRUCE AVENUE	
City-St-Zip:	ORLANDO, FL 32824	
Title:	SD	( ) Delete
Name:	AMIRZADEH, HOSSAIN	
Address:	700 SWEETWATER CREEK CT	
City-St-Zip:	LONGWOOD, FL 32779	

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:	
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: HOSSAIN AMIRZADEH SD 06/18/2006

Electronic Signature of Signing Officer or Director — Date