

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008806

FILED
Feb 08, 2009
Secretary of State

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 ()

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:

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Name:
Address:
City-St-Zip:

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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: HOSSAIN AMIRZADEH

RA

02/08/2009

Electronic Signature of Signing Officer or Director

Date