

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009111

FILED
Apr 07, 2009
Secretary of State

Entity Name: PINE RIDGE OF VERO PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5833 PINE RIDGE CIRCLE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

5833 PINE RIDGE CIRCLE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 55-0832503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RHODES, JOANNE S
5844 PINE RIDGE CR
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

PASETCHNIK, TAMARA
5848 PINE RIDGE CR
VERO BEACH, FL 32967 US

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: TAMARA PASETCHNIK

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEPORE, LUCILLE
Address: 5880 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: T () Delete
Name: BROWER, ELLEN J
Address: 5836 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: DV () Delete
Name: MAURO, DARLENE
Address: 5893 PINE RIDGE CR
City-St-Zip: VERO BEACH, FL 32967

Title: S () Delete
Name: SMITH, PAT
Address: 5877 PINE RIDGE CR
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: RHODES, JOANNE S
Address: 5844 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAURO, DARLENE
Address: 5893 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SMITH, MICHEAL
Address: 5877 PINE RIDGE CR
City-St-Zip: VERO BEACH, FL 32967

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PASETCHNIK, TAMARA
Address: 5848 PINE RIDGE CIRCLE
City-St-Zip: VERO BEACH, FL 32967

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: TAMARA PASETCHNIK

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date