

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02716

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** SUBURBAN PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BANYAN PROPERTY MANAGEMENT  
2328 S CONGRESS AVE SUITE 1-C  
WEST PALM BEACH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BANYAN PROPERTY MANAGEMENT  
2328 S CONGRESS AVE SUITE 1-C  
WEST PALM BEACH, FL 33461

**New Mailing Address:**

**FEI Number:** 59-2502792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKER KRIVOK & STOLOFF  
181 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33461 US

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

GERSTIN & ASSOCIATES  
1499 WEST PALMETTO PARK RD  
SUITE 412  
WEST PALM BEACH, FL 33486 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:** GERSTIN & ASSOCIATES

03/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GOODWIN, SANDRA  
**Address:** 4656 SUBURBAN PINES DR  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** V  
**Name:** COONEY, FRANCIS  
**Address:** 4616 SUBURBAN PINES DR  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** D  
**Name:** OWEN, BRAD  
**Address:** 4544 SUBURBAN PINES DR  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** T  
**Name:** WILLIAMS, EILEEN T  
**Address:** 4540 SUBURBAN PINES DR  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** D  
**Name:** DIPAOLO, DOROTHY  
**Address:** 4524 SUBURBAN PINES DRIVE  
**City-St-Zip:** LAKEWORTH, FL 33463

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:** SANDRA GOODWIN

PD

03/11/2010

Electronic Signature of Signing Officer or Director

Date