## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02716

FILED Feb 10, 2012 Secretary of State

Entity Name: SUBURBAN PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

Current Mailing Address: New Mailing Address:

C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

FEI Number: 59-2502792 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HILLEY & WYANT CORTEZ PA 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PD

Name: NOONE, TOM

Address: 4576 SUBURBAN PINES DR City-St-Zip: LAKE WORTH, FL 33463

Title: VPD

Name: OWENS, BRAD

Address: 4544 SUBURBAN PINES DR City-St-Zip: LAKE WORTH, FL 33463

Title:

Name: WILLIAMS, EILEEN
Address: 4540 SUBURBAN PINS DR
City-St-Zip: LAKE WORTH, FL 33463

Title: TD

Name: ENHORNING, GALE T Address: 4548 SUBURBAN PINES DR City-St-Zip: LAKE WORTH, FL 33463

Title: DS

Name: DIPAOLA, 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: TOM NOONE PRES 02/10/2012