

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003402

FILED
Feb 12, 2009
Secretary of State

Entity Name: PINE RIDGE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12273 U.S. HWY 98
208
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

12273 U.S. HWY 98
208
DESTIN, FL 32550

New Mailing Address:

FEI Number: 65-1185079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMES, JIM
12273 U.S. HWY 98
STE 208
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

LEIRER, WALT
12273 U.S. HWY 98
STE 208
DESTIN, FL 32550 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: WALT LEIRER 02/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCALLISTER, CHRISTINA
Address: 5373 PINE RIDGE LN
City-St-Zip: DESTIN, FL 32550

Title: VD () Delete
Name: BURTON, H CLAY
Address: 1700 MANHASSET PLACE
City-St-Zip: DUNWOODY, GA 30338

Title: ST () Delete
Name: LOONEY, LARRY
Address: 129 COUNTRY CLUB DR WEST
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEINEN, CHRISTINA
Address: 5373 PINE RIDGE LN
City-St-Zip: DESTIN, FL 32550

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

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

Title: D () Change (X) Addition
Name: TRUE, RICK
Address: 255 COLLEGE LANE
City-St-Zip: MOBILE, AL 36608

Title: D () Change (X) Addition
Name: KING, HUB
Address: 101 LITTLE JOHN LANE
City-St-Zip: STARKVILLE, MS 39759

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: LES NICHOLS CAM 02/12/2009

Electronic Signature of Signing Officer or Director Date