

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007127

FILED
Apr 29, 2009
Secretary of State

Entity Name: PINE GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

AMERI-TECH REALTY INC
1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765

New Principal Place of Business:

AMERI-TECH REALTY INC
24701 US HIGHWAY 19 N #102
CLEARWATER, FL 33763

Current Mailing Address:

AMERI-TECH REALTY INC
P.O. BOX 14357
CLEARWATER, FL 33766

New Mailing Address:

FEI Number: 20-0182458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERI-TECH REALTY INC
1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

AMERI-TECH REALTY INC
24701 US HIGHWAY 19 N #102
CLEARWATER, FL 33763 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: MICHAEL G PEREZ, PRESIDENT

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTELLANI, PETER
Address: 20804 ORCHARDTOWN DR
City-St-Zip: LAND O' LAKES, FL 34638

Title: VPD (X) Delete
Name: LLOYD, DEREK
Address: 4112 LURGAN ROAD
City-St-Zip: LAND O' LAKES, FL 34638

Title: SD () Delete
Name: HENZEL, BARBARA
Address: 5026 ALDERBROOK PLACE
City-St-Zip: LAND O' LAKES, FL 34638

Title: TD () Delete
Name: JOWORSKI, DONALD
Address: 20819 ORCHARDTOWN DR
City-St-Zip: LAND O' LAKES, FL 34638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAYNES, CLIFFORD
Address: 5049 LURGAN ROAD
City-St-Zip: LAND O' LAKES, FL 34638

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

Title: SD (X) Change () Addition
Name: JAWORSKI, DON
Address: 20819 ORCHARDTOWN DRIVE
City-St-Zip: LAND O' LAKES, FL 34638

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: CLIFFORD HAYNES

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date