


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 041 ****61.25

DOCUMENT # N03000010688 1. Entity Name PINE HILLS SAFE NEIGHBORHOOD PARTNERSHIP, INC.																																																																																																																													
Principal Place of Business 710 NORTH PINE HILLS RD ORLANDO, FL 32808			Mailing Address P.O. BOX 680583 ORLANDO, FL 32868 US																																																																																																																										
2. Principal Place of Business 6416 Jennings Dr Suite, Apt. #, etc.		3. Mailing Address PO Box 681862 Suite, Apt. #, etc.																																																																																																																											
City & State Orlando, FL		City & State ORLANDO, FL		4. FEI Number APPLIED FOR 13-4315794																																																																																																																									
Zip 32818		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent DWYER, CHRISTINE J 4801 MALARKEY STREET ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																																																																																																													
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Christine J Dwyer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </div> <div style="width: 20%; text-align: center;"> Date 8-28-06 </div> <div style="width: 35%; text-align: center;"> Daytime Phone # 407-299-6260 </div> </div>																																																																																																																													