2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03381

FILED Mar 16, 2009 Secretary of State

Entity Name: PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.

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

6503 RUTH DR 3512 NORLAND CT

PORT RICHEY, FL 34668 HOLIDAY, FL 34691 US LIS

Current Mailing Address: New Mailing Address:

POB 471

PORT RICHEY, FL 34673 US

FEI Number: 59-2482965 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:

FAULKENBERG, WAYNE FALKENBERG, WAYNE 6503 RUTH DR 3512 NORLAND CT

PORT RICHEY, FL 34668 HOLIDAY, FL 34691 US 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: WAYNE A. FALKENBERG 03/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FALKENBERG, WAYNE FALKENBERG, WAYNE Name: Name: 6503 RUTH AVE Address: 3512 NOLAND CT Address: City-St-Zip: PORT RICHEY, FL 346681344 US City-St-Zip: HOLIDAY, FL 34691 US

Title: Title: (X) Change () Addition () Delete

LISI, MARCO Name: FALKENBERG, MARIANNE Name: Address: PO BOX 6122 Address: 3512 NORLAND CT City-St-Zip: HUDSON, FL 346746127 City-St-Zip: HOLIDAY, FL 34691

Title: () Delete Title: () Change () Addition

HOLBEN, DOROTHY Name: Name: 11418 ROHRMAN DR Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LISI, GEORGETTE Name: Name: BRECHER, CAROL 6514 RUTH DR Address: PO BOX 6122 Address: PORT RICHEY, FL 34668 US City-St-Zip: HUDSON, FL 346746127 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CAPON, LARRY ENDICOTT, SALLY Name: Name: 6519 CATHY DR 6519 ELEANOR DR Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: PORT RICHEY, FL 34668

Title: () Delete Title: (X) Change () Addition

VANDYK, ANNA VANDYK, WILLY Name: Name: 6518 RUTH DR 6518 RUTH DR Address: Address:

PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 City-St-Zip: 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: MARIANNE FALKENBERG **VP** 03/16/2009