2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000000502

TI FILED

Nov 03, 2008

Secretary of State

Entity Name: PINE ISLAND ESTATES PROPERTY OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6310 S.W. 56TH STREET DAVIE, FL 33314 **Current Mailing Address: New Mailing Address:** 6310 S.W. 56TH STREET **DAVIE, FL 33314** FEI Number: 13-4362802 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: ZARBAFI, MELISSA 6310 SW 56 ST **DAVIE, FL 33314** 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ZARBAFI, MOHAMMAD Name: Name: Address: 6310 S.W. 56TH STREET Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: ZARBAFI, MARY ANNE Name: Address: 6310 S.W. 56TH STREET Address: City-St-Zip: DAVIE, FL 33314 City-St-Zip: Title: () Delete Title: () Change () Addition ZARBAFI, MELISSA Name: Name: 6310 S.W. 56TH STREET Address: Address: City-St-Zip: **DAVIE, FL 33314** 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: MELISSA ZARBAFI D 11/03/2008