2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002470

FILED Mar 31, 2008 Secretary of State

Entity Name: THE PINES AT LAKE SAUNDERS HOMEOWNERS' ASSOCIATION, INC.

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

2180 WEST SR 434 SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044

SUITE 5000

LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 SUITE 5000

LONGWOOD, FL 327795044

FEI Number: 20-3083964 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:

HART, JAMES W JR. 2180 W SR 434

SUITE 5000 LONGWOOD, FL 327795044 US HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: JAMES W HART JR 03/31/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TOLLEFSON, ARVID FERGUSON, JAMES W Name: Name:

1735 E HWY 50 SUITE C Address: 1332 LONGVILLE CIR Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: TAVARES, FL 32778

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

DEHLINGER, PATRICK Name: Name: Address: Address: 1308 KELLOGG DR City-St-Zip: City-St-Zip: TAVARES, FL 32778

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

WRIGHT, VERONICA Name: Name: 1400 LONGVILLE CIR Address: Address: City-St-Zip: City-St-Zip: TAVARES, FL 32778

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: JAMES W FERGUSON PD 03/31/2008