

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000004605

1. Entity Name  
PINE GROVE HOA, INC.



Principal Place of Business  
4630 NORTH UNIVERSITY DRIVE STE 445  
CORAL SPRINGS, FL 33067

Mailing Address  
4630 NORTH UNIVERSITY DRIVE STE 445  
CORAL SPRINGS, FL 33067

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT  
091820071 REIN- NP 11/07 CR2E0991 (1/07) 07

4. FEI Number  
20-1099189

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZWANGER, PAUL  
4630 NORTH UNIVERSITY DRIVE STE 445  
CORAL SPRINGS, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2008, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
HUGHES, THOMAS E  
6900 ARBOR LAKE ROAD  
WEST PALM BEACH, FL 33413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000110011790  
09/27/07--01026--010 \*\*236.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
ZWANGER, PAUL E  
4630 NORTH UNIVERSITY DRIVE STE 445  
CORAL SPRINGS, FL 33067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
HUGHES, KRISTIN  
6900 ARBOR LAKES RD  
WEST PALM BEACH, FL 33413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
\$780/2

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #