2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009368

FILED Apr 26, 2008 Secretary of State

Entity Name: PINE RIDGE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

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

15860-2 PINE RIDGE RD 15860 & 15850 PINE RIDGE RD

FT MYERS, FL 33908 FT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

15880 SUMMERLIN RD 15880 SUMMERLIN RD, #300 - 390

#300, PMB #390 FT MYERS, FL 33908 FT MYERS, FL 33908

FEI Number: 51-0535888 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:

SANFORD, JUDY SANFORD, JUDY

16266 SAN CARLOS BLVD 15860 PINÉ RIDGE ROAD #2 FT MYERS, FL 33908 FT MYERS, FL 33908

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: JUDY SANFORD 04/26/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

THOMAS, JEFFREY S THOMAS, JEFFREY S Name: Name: 15860-2 PINE RIDGE RD Address: 15880 SUMMERLIN RD, #300 - 390 Address:

City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FT MYERS, FL 33908

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

SANFORD, FRANK Name: SANFORD, FRANK Name: Address: 15860-2 PINE RIDGE RD Address: 15860-2 PINE RIDGE RD City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FT MYERS, FL 33908

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

THOMAS, SANDRA Name: Name: 16520 S. TAMIAMI TRL BLD 18 #308 Address: Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip:

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

Name: SANFORD, JUDY Name: SANFORD, JUDY Address: 15860-2 PINE RIDGE RD Address: 15860-2 PINE RIDGE RD City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FT MYERS, FL 33908

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: JUDY SANFORD RΑ 04/26/2008