

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009368

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

15860 & 15850 PINE RIDGE RD
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15880 SUMMERLIN RD, #300 - 390
FT MYERS, FL 33908

New Mailing Address:

8890 SALROSE LANE #200
FT MYERS, FL 33912

FEI Number: 51-0535888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFORD, JUDY
15860 PINE RIDGE ROAD #2
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: THOMAS, JEFFREY S
Address: 15880 SUMMERLIN RD, #300 - 390
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: SANFORD, FRANK
Address: 15860-2 PINE RIDGE RD
City-St-Zip: FT MYERS, FL 33908

Title: D (X) Delete
Name: SANFORD, JUDY
Address: 15860-2 PINE RIDGE RD
City-St-Zip: FT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANFORD, FRANK
Address: 15860-2 PINE RIDGE RD
City-St-Zip: FT MYERS, FL 33908

Title: ST (X) Change () Addition
Name: SANFORD, JUDY
Address: 15860-2 PINE RIDGE RD
City-St-Zip: FT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
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: THOMAS PEPITONE

MGR

04/28/2009

Electronic Signature of Signing Officer or Director

Date