

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04987

FILED
Apr 22, 2009
Secretary of State

Entity Name: PINES RECREATIONAL FACILITIES ASSOCIATION, INC.

Current Principal Place of Business:

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0122457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEROLA, MARY J
1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 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: LEVY, H I
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BCH, FL 33401

Title: DP () Delete
Name: LEVY, MARK F
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VT () Delete
Name: JAIVEN, JACK
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V () Delete
Name: GLEESON, ANTOINETTE
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: JAGODA, DENISE
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: HALPERIN, BARRY
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACK JAIVEN

VT

04/22/2009

Electronic Signature of Signing Officer or Director

Date