

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000738

FILED
Jan 07, 2009
Secretary of State

Entity Name: 6417/6413 PINECASTLE BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6536 PINECASTLE BLVD.
SUITE A
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

101 PARK ROSE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Mailing Address:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

FEI Number: 20-2303206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADSWORTH, DANA
8002 WINPINE COURT
ORLANDO, FL 32819 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: PD () Delete
Name: WADSWORTH, DANA
Address: 8002 WINPINE CT
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: DIAZ, EDDIE
Address: 6413 PINECASTLE BLVD SUITE 1
City-St-Zip: ORLANDO, FL 32809

Title: STD () Delete
Name: WADSWORTH, DANIEL
Address: 8002 WINPINE CT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: O'MALLEY, SHAWN
Address: PO BOX 530104
City-St-Zip: ORLANDO, FL 328530104

Title: D () Delete
Name: VARONA, JOE
Address: 6413 PINECASTLE BLVD SUITE 3
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: MCLEOD, KEITH
Address: 6417 PINECASTLE BLVD SUITE 2
City-St-Zip: ORLANDO, FL 32809

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: DOROTHY ARENA

CAM

01/07/2009

Electronic Signature of Signing Officer or Director

Date