

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000738

FILED
Apr 25, 2011
Secretary of State

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

Current Principal Place of Business:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD
SUITE 2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-2303206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
101 PARK PLACE BLVD SUITE 2
KISSIMMEE, FL 34741 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
Name: WADSWORTH, DANA
Address: 8002 WINPINE CT
City-St-Zip: ORLANDO, FL 32819

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DANA WADSWORTH

PD

04/25/2011

Electronic Signature of Signing Officer or Director

_____ Date