

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002975

FILED
Apr 27, 2007
Secretary of State

Entity Name: PINE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456

New Principal Place of Business:

224 7TH STREET
PORT ST JOE, FL 32456

Current Mailing Address:

116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456

New Mailing Address:

224 7TH STREET
PORT ST JOE, FL 32456

FEI Number: 41-2205713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOM, PAUL W II
116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456 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: NEWMAN, GEORGE S JR
Address: 8848 W HWY 98
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: MEADOWS, ADAM
Address: 475 VISTA CIRCLE
City-St-Zip: MACON, GA 31204

Title: D () Delete
Name: FARRELL, PATRICK
Address: 209 7TH STREET
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NEWMAN, GEORGE S JR
Address: 8848 W HWY 98
City-St-Zip: PORT ST JOE, FL 32456

Title: DV (X) Change () Addition
Name: MEADOWS, ADAM
Address: 69425 NIAGARA COURT
City-St-Zip: CENTENNIAL, CO 80112

Title: DST (X) Change () Addition
Name: WHITE, JOHANNA
Address: 107 SANDERS CIRCLE
City-St-Zip: PORT ST JOE, FL 32456

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: GEORGE S. NEWMAN, JR

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04/27/2007

Electronic Signature of Signing Officer or Director

Date