2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N05000006795

Entity Name: PINES PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16956 MCGREGOR BLVD.
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16956 MCGREGOR BLVD
SUITE 8
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 20-3445746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, ADRIANA
16956 MCGREGOR BLVD SUITE 8
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:	P	( ) Delete
Name:	PEREZ, EDITH	
Address:	291 21ST STREET NW	
City-St-Zip:	NAPLES, FL 34120	
Title:	V	( ) Delete
Name:	CURTIS, RALPH	
Address:	459 LAGOON DR	
City-St-Zip:	SANIBEL, FL 339570183	
Title:	S	( ) Delete
Name:	CRUZ, ADRIANA	
Address:	16956 MCGREGOR BLVD SUITE 8	
City-St-Zip:	FT MYERS, FL 33908	
Title:	T	( ) Delete
Name:	CURTIS, BILLYE J	
Address:	459 LAGOON DR	
City-St-Zip:	SANIBEL, FL 33957	

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:	

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: RALPH C. CURTIS V 01/25/2009

Electronic Signature of Signing Officer or Director — Date