


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 018 ****61.25

DOCUMENT # N05000012123		
1. Entity Name PINE RIDGE TOWNHOME OWNERS ASSOCIATION, INC.		

Principal Place of Business 6620 SOUTHPOINT DR SOUTH STE 400 JACKSONVILLE, FL 32216	Mailing Address 6620 SOUTHPOINT DR SOUTH STE 400 JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # 475 W TOWN PLACE Suite, Apt. #, etc. #100	3. Mailing Address 475 W TOWN PLACE Suite, Apt. #, etc. #100
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City & State ST AUGUSTINE, FL	City & State ST AUGUSTINE, FL
Zip 32092	Zip 32092
Country	Country



04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 86-1162943		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SEVERN TRENT SERVICES 475 WEST TOWN PLACE STE 100 SAINT AUGUSTINE, FL 32092		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OPENSHAW, MARK 12740 GRAN BAY PARKWAY SUITE 2400 JACKSONVILLE, FL 322584467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANJEL CHAPMAN - P 6411 SHORTLEAF PLACE JACKSONVILLE, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HINTON, WES 12740 GRAN BAY PARKWAY SUITE 2400 JACKSONVILLE, FL 322584467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD BROWER - VP 6421 SHORTLEAF PLACE JACKSONVILLE, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR, JASON 12740 GRAN BAY PARKWAY SUITE 2400 JACKSONVILLE, FL 322584467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERESA GREGSON - S/T 5906 BRICE COURT JACKSONVILLE, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2008
Date

904-908-5727
Daytime Phone #