2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N05087

Entity Name: THE PINE RIDGE CLUB VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE AVE.
3310
AALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 59-2534809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFAUSER, MARGO A
225 S. WESTMONTE DR.
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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:	COLLINS, JOE	
Address:	1327 S. PINE RIDGE CIR.	
City-St-Zip:	SANFORD, FL 32773	
Title:	S	( ) Delete
Name:	WIDENER, JO ANNE	
Address:	1515 S . PINE RIDGE CIRCLE	
City-St-Zip:	SANFORD, FL 32773	
Title:	VP	( ) Delete
Name:	GRIFFITHS, KELLI	
Address:	935 S. PINE RIDGE CIR.	
City-St-Zip:	SANFORD, FL 32773	
Title:	T	( ) Delete
Name:	WILCOX, MARGARET	
Address:	1628 S. PINE RIDGE CIR.	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	NELSON, ROSEANNE	
Address:	1517 S. PINE RIDGE CIRCLE	
City-St-Zip:	SANFORD, FL 32773	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	COLLINS, JOE JR	
Address:	1327 S. PINE RIDGE CIR.	
City-St-Zip:	SANFORD, FL 32773	
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: JOE COLLINS, JR P 04/01/2009

Electronic Signature of Signing Officer or Director — Date