

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05490

FILED
Mar 13, 2008
Secretary of State

Entity Name: PINE HAVEN PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10981 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

10981 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 59-2508295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDRICH, CLEDA
10981 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

HEDRICH, CLEDA
10981 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 US

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: CLEDA HEDRICH

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEDRICH, NORMAN,
Address: 10981 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VTD () Delete
Name: HEDRICH, CLEDA,
Address: 10981 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: FRANZ, DONALD
Address: 10981 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEDRICH, NORMAN
Address: 10981 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VTD (X) Change () Addition
Name: HEDRICH, CLEDA
Address: 10981 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34135

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: NORMAN HEDRICH

PD

03/13/2008

Electronic Signature of Signing Officer or Director

Date