

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007507

FILED
Jan 28, 2009
Secretary of State

Entity Name: PINE RIDGE PLANTATION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1279 COUNTY ROAD 210 WEST
JACKSONVILLE, FL 32207

New Principal Place of Business:

1279 COUNTY ROAD 210 WEST
JACKSONVILLE, FL 32259

Current Mailing Address:

1279 COUNTY ROAD 210 WEST
JACKSONVILLE, FL 32207

New Mailing Address:

1279 COUNTY ROAD 210 WEST
JACKSONVILLE, FL 32259

FEI Number: 26-2212712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITTER, IV, LEWIS L
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

RITTER, IV, LEWIS L
1279 COUNTY ROAD 210 WEST
JACKSONVILLE, FL 32259 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:

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIDDLETON, CHRISTOPHER
Address: 1279 COUNTY ROAD 210 WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: VTD () Delete
Name: RITTER, LEWIS L IV
Address: 1279 COUNTY ROAD 210 WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: KEATING, DAVID
Address: 1279 COUNTY ROAD 210 WEST
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIDDLETON, CHRISTOPHER
Address: 1279 COUNTY ROAD 210 WEST
City-St-Zip: JACKSONVILLE, FL 32259

Title: VTD (X) Change () Addition
Name: RITTER, LEWIS L IV
Address: 1279 COUNTY ROAD 210 WEST
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD (X) Change () Addition
Name: KEATING, DAVID
Address: 1279 COUNTY ROAD 210 WEST
City-St-Zip: JACKSONVILLE, FL 32259

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: CHRISTOPHER MIDDLETON

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date