

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90003 044 ****70.00

DOCUMENT # N06000008985

1. Entity Name
PINE HILLS RETAIL/OFFICE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

~~65 CALLIOPE~~
~~0600E, FL 34761~~

Mailing Address

~~65 CALLIOPE~~
~~0600E, FL 34761~~

2. Principal Place of Business - No P.O. Box #

2711 Pine Hills Road

Suite, Apt. #, etc.

Unit No. 1

City & State
Orlando, FL

Zip
32808

Country
USA

3. Mailing Address

2711 Pine Hills Road

Suite, Apt. #, etc.

Unit No. 1

City & State
Orlando, FL

Zip
32808

Country
USA

02212007

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-8491111

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~DULIN, RAMSEY WESQ-~~
~~201 E. PINE STREET, SUITE 425-~~
~~ORLANDO, FL 32801~~

7. Name and Address of New Registered Agent

Name
Christopher B. Ferguson

Street Address (P.O. Box Number is Not Acceptable)
2711 Pine Hills Road

Unit No. 1

City
Orlando

FL 32808

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 *Christopher B. Ferguson* Christopher B. Ferguson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-07

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE ~~DP~~ ☒ Delete
NAME ~~WILSON, JOHN B.~~
STREET ADDRESS ~~65 CALLIOPE~~
CITY-ST-ZIP ~~0600E, FL 34761~~

TITLE ~~DV~~ ☒ Delete
NAME ~~ROHE, KEVIN B.~~
STREET ADDRESS ~~65 CALLIOPE~~
CITY-ST-ZIP ~~0600E, FL 34761~~

TITLE ~~DT~~ ☒ Delete
NAME ~~WILSON, TINA~~
STREET ADDRESS ~~1174 BRANDY LAKE VIEW CIRCLE~~
CITY-ST-ZIP ~~WINTER GARDEN, FL 34787~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME Christopher Ferguson
STREET ADDRESS 2711 Pine Hills Rd., Unit 1
CITY-ST-ZIP Orlando, FL 32808

TITLE DV ☐ Change ☒ Addition
NAME Ariel Lopez
STREET ADDRESS 2711 Pine Hills Rd., Unit 3
CITY-ST-ZIP Orlando, FL 32808

TITLE D ☐ Change ☒ Addition
NAME Kristina Ferguson
STREET ADDRESS 2711 Pine Hills Rd., Unit 1
CITY-ST-ZIP Orlando, FL 32808

TITLE V ☐ Change ☒ Addition
NAME Donald McLeod
STREET ADDRESS 2711 Pine Hills Rd., Unit 4
CITY-ST-ZIP Orlando, FL 32808

TITLE S ☐ Change ☒ Addition
NAME Sharon Johnson
STREET ADDRESS 2711 Pine Hills Rd., Unit 1
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Christopher B. Ferguson* Christopher B. Ferguson, Pres. 2-23-07 407/578-4376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #