2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06441

Apr 27, 2009 Secretary of State

Entity Name: PINES OWNERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O P&M PROPERTY MANAGEMENT 13508 SIESTA PINES CT.

14360 S. TAMIAMI TRL. UNIT B

FORT MYERS, FL 33912 FORT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

C/O P&M PROPERTY MANAGEMENT 13508 SIESTA PINES CT.

14360 S. TAMIAMI TRL. UNIT B FORT MYERS, FL 33912 FORT MYERS, FL 33908

US

FEI Number: 59-2669240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

P&M MANAGEMENT MCGARRY, DEBRA A MS 13508-9 SIÉSTA PINES CT. 14360 S. TAMIAMI TRL **UNIT B** FORT MYERS, FL 33908

FORT MYERS, FL 33912 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: DEBRA MCGARRY 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCGARRY, DEBRA MCGARRY, DEBRA Name: Name:

14360 S. TAMIMAI TRL., UNIT B Address: 13508-9 SIESTA PINES CT. Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete Title: (X) Change () Addition

DORMAN, TED Name: DORMAN, TED Name:

Address: 14360 S. TAMIAMI TRL., UNIT B Address: 1119 PERIWINKLE WAY #41 City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete Title: SD (X) Change () Addition

MUENCH, EMILY MUENCH, EMILY Name: Name: 14360 S TAMIAMI TRAIL UNIT B 1119 PERIWINKLE WAY Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: SANIBEL, FL 33957

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: ATKIELSKI, JAN E Name: ATKIELSKI, JAN E

14360 S TAMIAMI TRAIL UNIT B 13508-8 SIESTA PINES CT. Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908

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: DEBRA MCGARRY **PRES** 04/27/2009