2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N07000010765

Entity Name: PINE ACRES CONSERVATION ASSOCIATION INCORPORATED

Current Principal Place of Business:

29194 POINSETTA LANE
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

PO BOX 431335
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 26-1336235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHATELAINE, NANCY
29194 POINSETTA LANE
BIG PINE KEY, FL 33043 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:	EHRIG, ROBERT	
Address:	29770 MAHOGANY LANE	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	V	( ) Delete
Name:	SCOTT, GREGORY E	
Address:	635 IXORA DR	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	S	(X) Delete
Name:	CANNON, PAULA	
Address:	2661 CENTRAL AVE	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	S	( ) Delete
Name:	MILLER, SUSAN	
Address:	PO BOX 430291	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	T	( ) Delete
Name:	CHATELAINE, NANCY	
Address:	PO BOX 431458	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	D	( ) Delete
Name:	BOREL, JOAN	
Address:	1089 OCEAN DR	
City-St-Zip:	SUMMERLAND KEY, FL 33042	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: NANCY CHATELAINE T 05/15/2008

Electronic Signature of Signing Officer or Director — Date