

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010765

FILED  
Apr 30, 2009  
Secretary of State

**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 ( )**

**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 ( ) 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:

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

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date