

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08077

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** PINE RIDGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

37 PINE RIDGE RD  
LAKE WALES, FL 33898 US

**New Principal Place of Business:**

**Current Mailing Address:**

37 PINE RIDGE RD  
LAKE WALES, FL 33898 US

**New Mailing Address:**

**FEI Number:** 59-2610392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAYE, RONALD C  
24 PINE RIDGE RD  
LAKE WALES, FL 33898 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: PAYE, RONALD C  
Address: 24 PINE RIDGE RD  
City-St-Zip: LAKE WALES, FL 33898 US

Title: VP ( ) Delete  
Name: KNEPPER, NORMAN  
Address: 29 PINE RIDGE RD  
City-St-Zip: LAKE WALES, FL 33898 US

Title: BM ( ) Delete  
Name: THOMAS, ANTHONY  
Address: 19 PINE RIDGE ROAD  
City-St-Zip: LAKE WALES, FL 33898 US

Title: T ( ) Delete  
Name: KINSLEY, TINA  
Address: 36 PINE RIDGE ROAD  
City-St-Zip: LAKE WALES, FL 33898 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: SEC ( ) Change (X) Addition  
Name: LEITER, MARYALICE  
Address: 20 PINE RIDGE  
City-St-Zip: LAKE WALES, FL 33898 US

Title: BM ( ) Change (X) Addition  
Name: LEITER, HAROLD  
Address: 20 PINE RIDGE  
City-St-Zip: LAKE WALES, FL 33898 US

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: TINA KINSLEY

TR

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date