

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10229

FILED
May 01, 2008
Secretary of State

Entity Name: PINE FOREST OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3342 PINE FOREST RD
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 471
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 59-3011108 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:

BREELAND, VICKI
3342 PINE FOREST RD
CANTONMENT, FL 32533 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: SD () Delete
Name: SMITH, MARK
Address: 224 E. GARDEN STE 33
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: APAP, TONY
Address: 5068 RULAND RD
City-St-Zip: PACE, FL 32571

Title: PD () Delete
Name: FONTAINE, PETER
Address: 1013 MALDONADO DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: TD () Delete
Name: BREELAND, VICKY
Address: 3342 PINE FOREST ROAD
City-St-Zip: CANTONMENT, FL 32533 US

Title: DV () Delete
Name: LENTZ, BEVERLY
Address: 3350 PINE FOREST RD
City-St-Zip: CANTONMENT, FL 32533 US

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: TD (X) Change () Addition
Name: BREELAND, VICKI
Address: 3342 PINE FOREST ROAD
City-St-Zip: CANTONMENT, FL 32533 US

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: VICKI BREELAND

TD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date