2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10229

Apr 22, 2009 Secretary of State

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

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

3342 PINE FOREST RD CANTONMENT, FL 32533 US

Current Mailing Address: New Mailing Address:

PO BOX 471

GONZALEZ, FL 32560 US

FEI Number: 59-3011108 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:

BREELAND, VICKI 3342 PINE FOREST RD CANTONMENT, FL 32533 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SMITH, MARK SMITH, MARK Name: Name: 224 E. GARDEN STE 33 Address: 224 E. GARDEN STE 33 Address: PENSACOLA, FL 32501 City-St-Zip: City-St-Zip: PENSACOLA, FL 32501 US

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

APAP, TONY Name: APAP, TONY Name: Address: 5068 RULAND RD Address: 5068 RULAND RD City-St-Zip: PACE, FL 32571 City-St-Zip: PACE, FL 32571 US

Title: PD() Delete Title: PD (X) Change () Addition FONTAINE, PETER ETHERIDGE, BETTY Name: Name:

1013 MALDONADO DRIVE 3384 PINE FOREST RD Address: Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: CANTONMENT, FL 32533 US

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

Name: BREELAND, VICKI Name: BREELAND, VICKI 3342 PINE FOREST ROAD 3342 PINE FOREST ROAD Address: Address: City-St-Zip: CANTONMENT, FL 32533 US City-St-Zip: CANTONMENT, FL 32533 US

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

LENTZ, BEVERLY PURDY, DIANE Name: Name: 3350 PINE FOREST RD 3336 PINE FOREST RD Address: Address: City-St-Zip: CANTONMENT, FL 32533 US City-St-Zip: CANTONMENT, FL 32533 US

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

FONTAINE, PETER Name: Name: Address: Address: 1013 MALDONADO DR

PENSACOLA BEACH, FL 32561 US City-St-Zip: 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 Т 04/22/2009