

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12100

FILED
Mar 04, 2009
Secretary of State

Entity Name: THE PINES AT EAGLE RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2654042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: AUBREY, SHIRLEY
Address: 9740 W 8TH ST RD
City-St-Zip: ANDERSON, IN 46011

Title: VPD () Delete
Name: MALLOW, JACK
Address: 7253 GORDON DR
City-St-Zip: EDEN PRAIRIE, MN 55346

Title: TD () Delete
Name: PEARCE, ED
Address: 7150 GOLDEN EAGLE CT #222
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: ROSE, JACK
Address: 7151 GOLDEN EAGLE CT #923
City-St-Zip: FORT MYERS, FL 33912

Title: AVPD () Delete
Name: CAVALLO, MICHAEL
Address: 7161 GOLDEN EAGLE CT #1021
City-St-Zip: FORT MYERS, FL 33912

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:

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: SHIRLEY AUBREY

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date