2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13207

FILED Feb 10, 2009 Secretary of State

Entity Name: PINE BLUFF OWNERS ASSOCIATION, INC.

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

4003 HARTLEY RD

JACKSONVILLE, FL 32257 US

Current Mailing Address: New Mailing Address:

4003 HARTLEY RD

JACKSONVILLE, FL 32257 US

FEI Number: 53-4444224 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:

CANTREU, BRYAN
4003 HARTLEY RD
4003 HARTLEY RD

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 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: BRYAN CANTRELL 02/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DAVIS, NANCY
 Name:
 DAVIS, NANCY

 Address:
 2367 IRONSTONE DRIVE WEST
 Address:
 2367 IRONSTONE DRIVE WEST

 City-St-Zip:
 JACKSONVILLE, FL 32246 96
 City-St-Zip:
 JACKSONVILLE, FL 32246

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

 Name:
 BHARGAVA, SAM
 Name:
 BHARGAVA, SAM

 Address:
 2279 JANESTONE DR
 Address:
 2279 JADESTONE DR

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32246

Title: D () Delete Title: () Change () Addition

 Name:
 GEARHART, CAROL
 Name:

 Address:
 2417 IRONSTONE DR. W.
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32240
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 CHANOINE, YOLANDE
 Name:

 Address:
 2374 BITTERNUT WAY
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:

Name: ROURKE, WILLIAM Name: GILI, ROBERT

Address: 2349 IRONSTONE DR.W. Address: 2276 JADESTONE DRIVE City-St-Zip: JACKSONVILLE BEACH, FL 32240 City-St-Zip: JACKSONVILLE, FL 32246

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 DAVIS DP 02/10/2009