

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13285

FILED
Jul 01, 2008
Secretary of State

Entity Name: PINE MEADOWS CONDOMINIUM ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

3213 MURRELL RD
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 560094
ROCKLEDGE, FL 329560094 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

HELMS, WALT
10 RENEE CT.
ROCKLEDGE, FL 32955 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: DV () Delete
Name: MORRISON, BRIAN
Address: 3213 MURRELL RD #104
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: HELMS, WALT
Address: 10 RENEE CT.
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST (X) Delete
Name: ORTEGA, ANTHONY
Address: 3213 MURRELL RD. #106
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SCHROEDER, ARTHUR
Address: 3213 MURRELL ROAD #201
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: JELINEK, DOTTIE
Address: 988 SABAL GROVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: HELMS, WALT
Address: 10 RENEE CT.
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JELINEK, DOTTIE
Address: 988 SABAL GROVE
City-St-Zip: ROCKLEDGE, FL 32955

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: WALT HELMS

ST

07/01/2008

Electronic Signature of Signing Officer or Director

Date