

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13285

**FILED**  
**Jul 02, 2012**  
**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:** 59-3243437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** MORRISON, BRIAN  
**Address:** 3213 MURRELL RD #104  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** PST  
**Name:** HELMS, WALT  
**Address:** 10 RENEE CT.  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** DIR  
**Name:** HUBER, KIM  
**Address:** 3213 MURRELL ROAD #103  
**City-St-Zip:** ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

**SIGNATURE:** WALT HELMS

PST

07/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date