

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13869

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** THE PINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIANCE MANAGEMENT  
4100 CORPORATE SQUARE #155  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLIANCE MANAGEMENT  
4100 CORPORATE SQUARE #155  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-2668667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNOLL, RICHARD H  
4100 CORPORATE SQUARE  
SUITE 155  
NAPLES, FL 34104 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: VP  
Name: WOMBLE, BETTY J.  
Address: 320 SUGAR PINE LANE  
City-St-Zip: NAPLES, FL 34108

Title: P  
Name: MANGANO, ANNE  
Address: 222 SUGAR PINE LANE  
City-St-Zip: NAPLES, FL 34108

Title: T  
Name: CARTER, JOHN  
Address: 416 SUGAR PINE LANE  
City-St-Zip: NAPLES, FL 34108

Title: S  
Name: BEYER, MARGARET  
Address: 236 SUGAR PINE LANE  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: HOURIGAN, LAWRENCE  
Address: 224 SUGAR PINE LANE  
City-St-Zip: NAPLES, FL 34108

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: CHERYL VANDENOEVER

PMA

02/21/2011

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

\_\_\_\_\_  
Date