2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N13905

Entity Name: OAK KNOLL AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1811 EAST OAK KNOLL CIRCLE
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 STATE ROAD 84
BOX 254
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-0000954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOX, CHRISTOPHER B
300 SOUTH PINE ISLAND ROAD
SUITE 210
PLANTATION, FL 33324 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:	DP	( ) Delete
Name:	BURNSIDE, KAREN PRES. D	
Address:	1811 EAST OAK KNOLL CIRCLE	
City-St-Zip:	DAVE, FL 33324	
Title:	DS	( ) Delete
Name:	TUNDERVARY, JAN S SEC. D	
Address:	1541 WEST OAK KNOLL CIRCLE	
City-St-Zip:	DAVIE, FL 33324	
Title:	V, D	( ) Delete
Name:	GARNER, BILL VP, D	
Address:	1610 WEST OAK KNOLL CIRCLE	
City-St-Zip:	DAVIE, FL 33324	
Title:	T D	( ) Delete
Name:	BERRY, ALICE TREASD	
Address:	1610 EAST OAK KNOLL CIRCLE	
City-St-Zip:	DAVIE,, FL 33324	
Title:	D	( ) Delete
Name:	GOLDSTEIN, AMY DIR.	
Address:	1750 EAST OAK KNOLL CIRCLE	
City-St-Zip:	DAVIE, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PUJOLS, JORGE D	
Address:	1960 WEST OAK KNOLL CIRCLE	
City-St-Zip:	DAVIE, FL 33324	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V.D	(X) Change ( ) Addition
Name:	GOLDSTEIN, AMY VP.D	
Address:	1750 EAST OAK KNOLL CIRCLE	
City-St-Zip:	DAVIE, FL 33324	

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: KAREN G. BURNSIDE PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date