

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90069 043 ****61.25

DOCUMENT # N20091 1. Entity Name THE PINE RIDGE VILLAS ASSOCIATION, INC.					
Principal Place of Business CONDO MANAGEMENT ALTERNATIVE 9365 W. SAMPLE RD, #203 CORAL SPRINGS, FL 33065			Mailing Address P.O. BOX 8506 CORAL SPRINGS, FL 33075		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2823948	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDO MANAGEMENT ALTERNATIVE CONDO MANAGEMENT ALTERNATIVE 9365 W SAMPLE RD 203 CORAL SPRINGS, FL 33065				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNON, ROBERT		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33075		CITY - ST - ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, FRAN		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33075		CITY - ST - ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PHINNEY, FRED		NAME	BAILEY, ROBERT	
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS	PO BOX 8506	
CITY - ST - ZIP	CORAL SPRINGS, FL 33075		CITY - ST - ZIP	CORAL SPRINGS, FL 33075	
TITLE	TD <input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANHAM, JIMMY		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33075		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEARS, JAMES		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33075		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			3 5 08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		
			954-752-7796		