

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20091

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE PINE RIDGE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

CONDO MANAGEMENT ALTERNATIVE
9365 W. SAMPLE RD, #203
CORAL SPRINGS, FL 33065

New Principal Place of Business:

9365 W SAMPLE RD
#203
CORAL SPRINGS, FL 33065

Current Mailing Address:

P.O. BOX 8506
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 59-2823948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDO MANAGEMENT ALTERNATIVE
CONDO MANAGMENT ALTERNATIVE
9365 W SAMPLE RD 203
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

CONDO MANAGEMENT ALTERNATIVE
9365 W SAMPLE RD
#203
CORAL SPRINGS, FL 33065 US

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: _____

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANNON, ROBERT
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: TD () Delete
Name: CUNNINGHAM, FRAN
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VD () Delete
Name: BAILEY, ROBERT
Address: P.O. BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD () Delete
Name: BRANHAM, JIMMY
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: PD () Delete
Name: MEARS, JAMES
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PHINNEY, LINDA
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: STD (X) Change () Addition
Name: CUNNINGHAM, FRAN
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

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

Title: D (X) Change () Addition
Name: SMITH, TIMOTHY
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

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

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: JAMES MEARS

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date