

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

DOCUMENT# N23464

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PINE MEADOWS OF CENTRAL FLORIDA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

753 MELLOWOOD AVE.  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

753 MELLOWOOD AVE.  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MITCHELL, KATHY  
753 MELLOWOOD AVE.  
ORLANDO, FL 32825 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: ST  
Name: MITCHELL, KATHY  
Address: 753 MELLOWOOD AVE.  
City-St-Zip: ORLANDO, FL 32825 US

Title: P  
Name: CONNETT, SCOTT  
Address: 826 MELLOWOOD AVE.  
City-St-Zip: ORLANDO, FL 32825 US

Title: VP  
Name: LOCQUIAO, JEANIE  
Address: 9302 PINE MEADOWS CT  
City-St-Zip: ORLANDO, FL 32825

Title: BM  
Name: FRANCIS, LORELEI  
Address: 809 PINE MEADOWS RD  
City-St-Zip: ORLANDO, FL 32825

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: KATHY MITCHELL

ST

04/30/2012

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

\_\_\_\_\_  
Date