

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23733

FILED
Mar 24, 2009
Secretary of State

Entity Name: PINE ISLAND COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7290 LADYFISH DRIVE
ST. JAMES CITY, FL 339562723

New Principal Place of Business:

Current Mailing Address:

7290 LADYFISH DRIVE
ST. JAMES CITY, FL 339562723

New Mailing Address:

FEI Number: 65-0028951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, PAUL R
4945 GULFGATE LN
SAINT JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

EAMES, ROBERT C
5020 GULFGATE LN
SAINT JAMES CITY, FL 33956 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: ROBERT C. EAMES

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, PAUL
Address: 4948 GULFGATE LA
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VP () Delete
Name: ZAINO, FRANK
Address: 4800 GULFGATE LN
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: S () Delete
Name: MAHANNAH, LEE
Address: 4952 GULFGATE LN
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T () Delete
Name: TRIEZENBERG, GERALD
Address: 7204 DRUM DR
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VP () Delete
Name: BROOKHART, RALPH
Address: 4915 NEEDLE FISH LN
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EAMES, ROBERT C
Address: 5020 GULFGATE LA
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VP (X) Change () Addition
Name: VENTURI, CHARLES
Address: 7175 COBIAC DRIVE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: S (X) Change () Addition
Name: STRONG, FRED
Address: 4921 NEEDLEFISH LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

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

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: ROBERT C. EAMES

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date