

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24230

FILED
Feb 03, 2009
Secretary of State

Entity Name: THE PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174 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:

VOGES, WILLIAM J
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174 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: MARONEY, PHILIP
Address: 275 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV () Delete
Name: NOWWISKIE, RON E
Address: 275 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: DITTENNER, EILEEN
Address: 275 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS () Delete
Name: ROMANO, SHARON H.
Address: 275 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PHILIP MARONEY

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date