2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25362

FILED Apr 20, 2008 Secretary of State

Entity Name: THE PINES AT DEEP CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

25050 SANDHILL BLVD. OFFICE

PORT CHARLOTTE, FL 33983 US

Current Mailing Address: New Mailing Address:

PO BOX 380758

MURDOCK, FL 33938 US

FEI Number: 65-0049548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WISHARD, KRISTINE

23081 HARBORVIEW RD

PORT CHARLOTTE, FL 33980 US

WISHARD, KRISTINE

1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 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:

OFFICERS AND DIRECTORS:

04/20/2008

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: TD () Delete Title: STD (X) Change () Addition

 Name:
 HERRMANN, SHARON
 Name:
 HERRMANN, SHARON

 Address:
 30361 CEDAR RD
 Address:
 30361 CEDAR RD

 City-St-Zip:
 PUNTA GORDA, FL 33982
 City-St-Zip:
 PUNTA GORDA, FL 33982

Title: SD () Delete Title: VPD (X) Change () Addition

Name: ROWE, KIRBY Name: LAUN, GENE

Address: 1322 FIRESIDE ST. Address: 25050 SANDHILL BLVD, 6A4
City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PUNTA GORDA, FL 33983

Title: PD () Delete Title: () Change () Addition

 Name:
 HERRMANN, WILLIAM
 Name:

 Address:
 30361 CEDAR RD.
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33982
 City-St-Zip:

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 LAUN, GENE
 Name:

 Address:
 25050 SANDHILL BLVD, 6A4
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33983
 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: WILLIAM HERRMANN PD 04/20/2008