

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25362

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

25050 SANDHILL BLVD.
OFFICE
PORT CHARLOTTE, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 65-0049548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 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: STD () Delete
Name: HERRMANN, SHARON
Address: 30361 CEDAR RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: VPD () Delete
Name: LAUN, GENE
Address: 25050 SANDHILL BLVD, 6A4
City-St-Zip: PUNTA GORDA, FL 33983

Title: PD () Delete
Name: HERRMANN, WILLIAM
Address: 30361 CEDAR RD.
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: KINGSTON, PAUL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: STD (X) Change () Addition
Name: LAUN, GENE
Address: PO OX 380758
City-St-Zip: MURDOCK, FL 33938

Title: PD (X) Change () Addition
Name: HERRMANN, WILLIAM
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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

01/29/2009

Electronic Signature of Signing Officer or Director

Date