2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N27497

Entity Name: PINE HOLLOW ASSOCIATION, INC.

Current Principal Place of Business:

522 PINE HOLLOW CIRCLE
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

504 N. INDIANA AVE.
ENGLEWOOD, FL 34223 US

New Mailing Address:

514 N. INDIANA AVE.
ENGLEWOOD, FL 34223 US

FEI Number: 65-0092189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUMCAM, INC.
504 N. INDIANA AVE.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

ATRIUMCAM, INC.
514 N. INDIANA AVE.
ENGLEWOOD, FL 34223 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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMPSON, WILLIAM
Address: 515 PINE HOLLOW DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP ( ) Delete
Name: WESTERKAMP, RALPH
Address: 218 PINE HOLLOW DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: S ( ) Delete
Name: SELFRIDGE-BOOTH, SUZANNE
Address: 324 PINE HOLLOW CIR
City-St-Zip: ENGLEWOOD, FL 34223

Title: T ( ) Delete
Name: FENOLIO, GLORIA
Address: 413 PINE HOLLOW CIR
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: ADAMS, RAYNOR
Address: 411 PINE HOLLOW CIR
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADAMS, RAYNOR
Address: 411 PINE HOLLOW CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP (X) Change ( ) Addition
Name: THOMPSON, BILL
Address: 515 PINE HOLLOW DR
City-St-Zip: ENGLEWOOD, FL 34223

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

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

Title: D (X) Change ( ) Addition
Name: KONSTANTY, WALTER
Address: 215 PINE HOLLOW CIR
City-St-Zip: ENGLEWOOD, FL 34223

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: RAYNOR ADAMS PRES 04/14/2009
Electronic Signature of Signing Officer or Director — Date