

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 28, 2006
Secretary of State**

DOCUMENT# N29182

Entity Name: THE PINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147

New Mailing Address:

FEI Number: 59-2975489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: VD () Delete
Name: RAMIREZ, EVA
Address: 558 SHORT PINE CIRCLE
City-St-Zip: ORLANDO, FL 32807

Title: ST () Delete
Name: SZAFRAN, VERONICA
Address: 573 SHORT PINE CIRCLE
City-St-Zip: ORLANDO, FL 32807

Title: PD () Delete
Name: ROGERS, TISH
Address: 578 SHORT PINE CIRCLE
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAMIREZ, EVA
Address: 558 SHORT PINE CIRCLE
City-St-Zip: ORLANDO, FL 32807

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

Title: VPD (X) Change () Addition
Name: WILLIAMS, DIANA
Address: 447 SHORT PINE CIRCLE
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN R. WOMACK

A

03/28/2006

Electronic Signature of Signing Officer or Director

_____ Date