

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2008  
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: PD ( ) 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: VPD ( ) Delete  
Name: WILLIAMS, DIANA  
Address: 447 SHORT PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32807

**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:

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: EVA RAMIREZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

04/28/2008

\_\_\_\_\_  
Date