

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29520

FILED
Mar 10, 2009
Secretary of State

Entity Name: PINE FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5734 W. SARDOCK CT
BOX 214
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

5734 W. SARDOCK CT
BOX 214
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 59-2859824 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOUGHRIDGE, JERRY
5424 W. SARDOCK CT
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

NORTON, ELEANOR C
5541 W. MURPHY CT.
HOMOSASSA, FL 34446 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: ELEANOR C. NORTON

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUGHRIDGE, JERRY
Address: 5734 W SARDOCK CT
City-St-Zip: HOMOSASSA, FL 34446

Title: STD () Delete
Name: MURRY, LILLIAN J
Address: 5737 W. MURPHY CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: SINAPI, JOHN
Address: 5614 W. MURPHY CT
City-St-Zip: HOMASASSA, FL 34446

Title: D () Delete
Name: ZERBAY, RUSSELL
Address: 5635 W SARDOCK CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: PIERCE, GLADYS
Address: 5641 W. MURPHY CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: NORTON, TOM
Address: 5541 WEST MURPHY COURT
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: NORTON, ELEANOR C
Address: 5541 W. MURPHY CT
City-St-Zip: HOMOSASSA, FL 34446

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

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: ELEANOR C. NORTON

STD

03/10/2009

Electronic Signature of Signing Officer or Director

Date