2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2010
Secretary of State

DOCUMENT# N29520

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:

NORTON, ELEANOR C
5541 W. MURPHY CT.
HOMOSASSA, FL 34446 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
Name: LOUGHRIDGE, JERRY
Address: 5734 W SARDOCK CT
City-St-Zip: HOMOSASSA, FL 34446

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELEANOR C. NORTON STD 02/12/2010

Electronic Signature of Signing Officer or Director Date