

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29520

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Entity Name:** PINE FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5540 W. MURPHY CT  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

5540 W. MURPHY CT  
BOX 214  
HOMOSASSA SPRINGS, FL 34447 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:**

FULLINGTON, MELODY M  
5562 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, JOHN A  
Address: 5540 W. MURPHY CT  
City-St-Zip: HOMOSASSA, FL 34446

Title: STD  
Name: FULLINGTON, MELODY M  
Address: 5562 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: MELODY M. FULLINGTON

STD

03/10/2012

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

\_\_\_\_\_  
Date