2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2007 08:00 A Secretary of State DOCUMENT # N30041 1. Entity Namo PINE HOLLOW PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PHILLIP G. GUETTLER 4401 WHITEWAY DAIRY RD. ROOM 5 P O BOX 1987 FORT PIERCE FL 34954 FORT PIERCE FL 34947-4407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0203385 Not Applicable Ζıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUETTLER, PHILLIP G. Street Address (P.O. Box Number is Not Acceptable) 4401 WHITEWAY DAIRY ROAD ROOM 5 FORT PIERCE FL City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007[™] Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIILE D ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GUETTLER, BEN U00000696974 STREET ADDRESS 4401 A WHITEWAY DAIRY RRD. STREET ADDRESS 04/18/07-80018-003 61.25 CITY-SI-ZIP CHY-SI-7IP FORT PIERCE FL 34947 TITLE ☐ Delete ☐ Change Addition TITLE NAME GUETTLER, PHILLIP G. NAME STREET ADDRESS 4401 A WHITEWAY DAIRY RD. STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-S1-ZIP HILLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GUETLER, SUE STREET ADDRESS STREET ADDRESS 4401 A WHITE WAY DAIRY RD. CITY+ST-7IP CITY-ST-ZIP FORT PIERCE FL 34947 HILE ☐ Delete THE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TITLE ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information

indicated on this report or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the roceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

illip Gueller

SIGNATURE: