

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31257

FILED
Jul 09, 2008
Secretary of State

Entity Name: PINE CHASE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2422 PINE CHASE CIRCLE
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 701453
ST. CLOUD, FL 34770

New Mailing Address:

PO BOX 701453
ST. CLOUD, FL 34770

FEI Number: 59-2996376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MONBARREN, MARK
2422 PINECHASE CIRCLE
ST. CLOUD, FL 34769 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: MONBARREN, MARK
Address: 2422 PINE CHASE CIR
City-St-Zip: ST CLOUD, FL 34769

Title: VPD () Delete
Name: SCARABIN, KARL
Address: 2438 PINE CHASE CIR
City-St-Zip: ST CLOUD, FL 34769

Title: SD () Delete
Name: RODRIGUEZ, CHRISTINA
Address: 2452 PINE CHASE CIR
City-St-Zip: ST CLOUD, FL 34769

Title: TD () Delete
Name: REXACH, JOSE R
Address: 2424 PINE CHASE CIR
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: SLONE, CONSTANCE
Address: 2417 PINE CHASE CIR
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BARKER, BRIAN
Address: 2412 PINE CHASE CIR
City-St-Zip: ST CLOUD, FL 34769

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: MARK MONBARREN

PD

07/09/2008

Electronic Signature of Signing Officer or Director

Date