2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# N32624

Entity Name: 99 PINES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12700 SW 33 DR
FT. LAUDERDALE, FL 33330 US

New Principal Place of Business:

C/O 12700 SW 33 DR
FT. LAUDERDALE, FL 33330 US

Current Mailing Address:

12700 SW 33 DR
FT. LAUDERDALE, FL 33330 US

New Mailing Address:

C/O 12700 SW 33 DR
FT. LAUDERDALE, FL 33330 US

FEI Number: 65-0124142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES
4780 N STATE RD 7
STE E 250
LAUDERDALE LAKES, FL 33319 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: ESSIG, KRISTI
Address: 12700 SW 33 DR
City-St-Zip: DAVIE, FL 33330

Title: VP ( ) Delete
Name: POPPER, JAYNE
Address: 12850 SW 33 DR
City-St-Zip: DAVIE, FL 33330

Title: T ( ) Delete
Name: BORACK, TIFFANY
Address: 12930 SW 33 DR
City-St-Zip: DAVIE, FL 33330

Title: S ( ) Delete
Name: MCBRIDE, MICHELE
Address: 12750 SW 33 DR
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KRISTI ESSIG PD 04/29/2006

Electronic Signature of Signing Officer or Director — Date