

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32624

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** 99 PINES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2800 SW 33 DR  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 SW 33 DR  
DAVIE, FL 33330 US

**New Mailing Address:**

**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  
4800 N STATE RD 7  
STE 105  
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:** P  
**Name:** CLAWSON, EARLE  
**Address:** 12800 SW 33 DRIVE  
**City-St-Zip:** DAVIE, FL 33330

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

**Title:** T  
**Name:** MCBRIDE, BRAD  
**Address:** 12750 SW 33 DR  
**City-St-Zip:** DAVIE, FL 33330

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:** EARLE CLAWSON

P/D

04/24/2011

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

\_\_\_\_\_  
Date