

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 31, 2009**  
**Secretary of State**

DOCUMENT# N32625

**Entity Name:** IN THE PINES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13881 NE 2ND CT  
# 1  
NORTH MIAMI, FL 33161**New Principal Place of Business:****Current Mailing Address:**13881 NE 2ND CT  
# 1  
NORTH MIAMI, FL 33161**New Mailing Address:****FEI Number:** 65-0132993**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BURICH, ADRIENNE  
13881 NE 2ND CT  
# 1  
NORTH MIAMI, FL 33161 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 ( ) Delete  
**Name:** BURICH, ADRIENNE  
**Address:** 13881 NE 2ND CT # 1  
**City-St-Zip:** NORTH MIAMI, FL 33161**Title:** S ( ) Delete  
**Name:** NYE, GREG  
**Address:** 13881 NE 2ND CT # 6  
**City-St-Zip:** NORTH MIAMI, FL 33161**Title:** T ( ) Delete  
**Name:** ZAPETA, MIQUEL A  
**Address:** 13881 NE 2ND CT # 3  
**City-St-Zip:** NORTH MIAMI, FL 33161**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** NYE, GREG  
**Address:** 13881 NE 2ND CT # 6  
**City-St-Zip:** NORTH MIAMI, FL 33161**Title:** S (X) Change ( ) Addition  
**Name:** WEINER, BARBARA  
**Address:** 13881 NE 2ND CT # 8  
**City-St-Zip:** NORTH MIAMI, FL 33161**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: ADRIENNE BURICH

RA

08/31/2009

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