

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35785

FILED
Apr 13, 2009
Secretary of State

Entity Name: PRISTINE PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4316 LAMSON AVENUE
SPRING HILL, FL 34608 US

New Principal Place of Business:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

Current Mailing Address:

4316 LAMSON AVENUE
SPRING HILL, FL 34608 US

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

FEI Number: 59-3135767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN & CO. PROPERTY MGMT., LLC
DEBRA PERRICONE, LCAM
4316 LAMSON AVENUE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

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: KIRK BLISS

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STARZ, ROBERT
Address: 4025 LITTLE LEAF COURT
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP () Delete
Name: BULLA, JANICE
Address: 3383 MISTY VIEW DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: D () Delete
Name: VILLARI, ROBERT
Address: 14090 ANDREW SCOTT ROAD
City-St-Zip: SPRING HILL, FL 34609 US

Title: T () Delete
Name: BALOGH, FRANK
Address: 4008 INDIAN RIVER STREET
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: KENNEDY, FRANCIS J
Address: 14079 PULLMAN DRIVE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CLARK, JUDITH
Address: 3495 LITTLELEAF CT
City-St-Zip: SPRING HILL, FL 34609 US

Title: P (X) Change () Addition
Name: BULLA, JANICE
Address: 3383 MISTY VIEW DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

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: JANICE BULLA

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date