
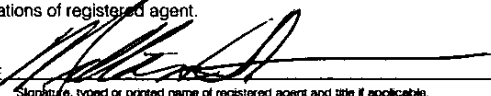
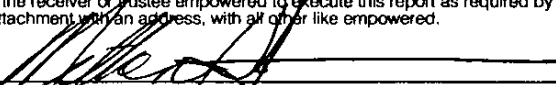


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 049 ****70.00

DOCUMENT # N36493 1. Entity Name OLEANDER PINES ASSOCIATION, INC.																																																																						
Principal Place of Business 6911 BRONTE CIRCLE PORT ST LUCIE, FL 34952			Mailing Address 6911 BRONTE CIRCLE PORT ST LUCIE, FL 34952																																																																			
2. Principal Place of Business - No P.O. Box # 771 Sandburg Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7026 Suite, Apt. #, etc.																																																																				
City & State Port Saint Lucie		City & State Port Saint Lucie		4. FEI Number 65-0189234																																																																		
Zip 34952		Country PSL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																		
6. Name and Address of Current Registered Agent WRIGHT, CHRISTOPHER F. 6911 BRONTE CIRCLE PORT ST LUCIE, FL 34952			7. Name and Address of New Registered Agent Name Milton Hahn Street Address (P.O. Box Number is Not Acceptable) 771 Sandburg Lane City Port St Lucie FL Zip Code 34952																																																																			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/14/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																		
Make check payable to Florida Department of State																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 20%; text-align: right;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>DP</td> <td>WRIGHT, CHRISTOPHER F.</td> <td>6911 BRONTE CIRCLE PORT ST LUCIE, FL 34952</td> <td></td> </tr> <tr> <td></td> <td>DV</td> <td>HAHN, MILTON</td> <td>771 SANDBURG LANE PORT ST LUCIE, FL 34952</td> <td>Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>DT</td> <td>BOSLOW, EDWARD JR</td> <td>779 STANDBURG LN PORT SAINT LUCIE, FL 34952</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DS</td> <td>PRICE, GEORGE</td> <td>6832 BRONTE CIRCLE PORT ST LUCIE, FL 34952</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DS</td> <td>OLSON, MELVIN</td> <td>6804 FROST TERRACE PORT ST LUCIE, FL 34952</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DP</td> <td>Hahn, Milton</td> <td>771 Sandburg Lane Port St. Lucie, FL 34952</td> <td></td> </tr> <tr> <td></td> <td>DV</td> <td>Lawless, Jim</td> <td>6692 Dickinson terrace Port St. Lucie, FL 34952</td> <td>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>		DP	WRIGHT, CHRISTOPHER F.	6911 BRONTE CIRCLE PORT ST LUCIE, FL 34952			DV	HAHN, MILTON	771 SANDBURG LANE PORT ST LUCIE, FL 34952	Delete <input checked="" type="checkbox"/>		DT	BOSLOW, EDWARD JR	779 STANDBURG LN PORT SAINT LUCIE, FL 34952	Delete <input type="checkbox"/>		DS	PRICE, GEORGE	6832 BRONTE CIRCLE PORT ST LUCIE, FL 34952	Delete <input type="checkbox"/>		DS	OLSON, MELVIN	6804 FROST TERRACE PORT ST LUCIE, FL 34952	Delete <input type="checkbox"/>					Delete <input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		DP	Hahn, Milton	771 Sandburg Lane Port St. Lucie, FL 34952			DV	Lawless, Jim	6692 Dickinson terrace Port St. Lucie, FL 34952	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>					Change <input type="checkbox"/> Addition <input type="checkbox"/>					Change <input type="checkbox"/> Addition <input type="checkbox"/>					Change <input type="checkbox"/> Addition <input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																						
SIGNATURE: 				Date 3/14/07 Daytime Phone # 772/468-2306																																																																		