

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36493

FILED
Jan 07, 2009
Secretary of State

Entity Name: OLEANDER PINES ASSOCIATION, INC.

Current Principal Place of Business:

771 SANDBURG LANE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

PO BOX 7026
PORT SAINT LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-0189234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSLOW, EDWARD JR
779 SAND BURG LN
PORT SAINT LUCIE, FL 34952 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: DP () Delete
Name: BOSLOW, EDWARD
Address: 779 SANDBURG LN
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DV () Delete
Name: LAWLESS, JIM
Address: 6692 DICKINSON TERRACE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DT () Delete
Name: RANDALL, ROY
Address: 6827 BRONTE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DS () Delete
Name: WALLONHAURT, CHARLOTTE
Address: 6748 DICKINSON TERR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DS () Delete
Name: FRAGANO, JEAN
Address: 6815 DICKINSON TERR
City-St-Zip: PORT SAINT LUCIE, FL 34952

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:

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: EDWARD BOSLOW

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date