2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# N36938

Entity Name: PINE-TIP HILLS HOME OWNERS ASSOCIATION, PART II, INC.

Current Principal Place of Business:

470 FRANKSHAW ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

3608 UNCLE CLOVER ROAD
TALLAHASSEE, FL 32312 US

Current Mailing Address:

474 FRANK SHAW RD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3123872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STICH, DAVID W
470 FRANKSHAW ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

OESCHGER, JOHN
3608 UNCLE GLOVER ROAD
TALLAHASSEE, FL 32312 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: JOHN OESCHGER 03/18/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	SD ( ) Delete
Name:	ALONSO, PAM
Address:	491 FRANK SHAW RD
City-St-Zip:	TALLAHASSEE, FL 32312

Title:	PD ( ) Delete
Name:	STIGH, DAVID W
Address:	470 FRANK SHAW ROAD
City-St-Zip:	TALLAHASSEE, FL 32312

Title:	TD ( ) Delete
Name:	FLOYD, JAMES N
Address:	474 FRANK SHAW ROAD
City-St-Zip:	TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

Title:	PD (X) Change ( ) Addition
Name:	OESCHGER, JOHN
Address:	3608 UNCLE GLOVER ROAD
City-St-Zip:	TALLAHASSEE, FL 32312

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: JAMES N FLOYD TD 03/18/2008
Electronic Signature of Signing Officer or Director Date