

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36938

FILED  
Jan 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3608 UNCLE CLOVER ROAD  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**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:**

OESCHGER, JOHN  
3608 UNCLE GLOVER ROAD  
TALLAHASSEE, FL 32312 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: SD ( ) Delete  
Name: ALONSO, PAM  
Address: 491 FRANK SHAW RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD ( ) Delete  
Name: OESCHGER, JOHN  
Address: 3608 UNCLE GLOVER 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: ( ) 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: JAMES N. FLOYD

TD

01/30/2009

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

\_\_\_\_\_  
Date