2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N37911

Entity Name: PINE TREE TERRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8608 SE WOODWIND STREET
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

8608 SE WOODWIND STREET
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 65-0177287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORNETT, JANE L
401 E OSCEOLA ST
STUART, FL 34995 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:	D	( ) Delete
Name:	BUCHOFF, MARGARET	
Address:	8608 SE WOOD WIND ST	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	GOOLSBY, ALLEN	
Address:	8789 SE WOODWIND ST.	
City-St-Zip:	HOBE SOUND, FL	
Title:	D	( ) Delete
Name:	HULL, MARTA	
Address:	8628 SE WOODWARD ST.	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	BOHATYRITZ, THOMAS	
Address:	8609 SE WOODWIND ST	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	PASS JR, EDGAR	
Address:	8768 SE WOODWIND ST	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	EVES, PATRICK	
Address:	8547 SE WOODWIND ST	
City-St-Zip:	HOBE SOUND, FL 33455	

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:	
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: EDGAR PASS JR D 03/21/2009

Electronic Signature of Signing Officer or Director — Date