

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004640

FILED
Apr 07, 2009
Secretary of State

Entity Name: PINE RIDGE ACRES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

538 SW PINE RIDGE CT
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

538 SW PINE RIDGE CT
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 59-3212160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELKINS, ELMER
538 SW PINE RIDGE CT
LAKE CITY, FL 32024 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: P () Delete
Name: ELKINS, ELMER
Address: 538 SW PINE RIDGE CT
City-St-Zip: LAKE CITY, FL 32024

Title: VP () Delete
Name: MURROW, MONICA
Address: 547 SW PINE RIDGE CT
City-St-Zip: LAKE CITY, FL 32024

Title: S () Delete
Name: ODELL, BETTY
Address: 674 SW PINE RIDGE CT
City-St-Zip: LAKE CITY, FL 32024

Title: T () Delete
Name: POPE, JODY
Address: 200 SW PINE RIDGE CT
City-St-Zip: LAKE CITY, FL 32024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELKINS, ELMER
Address: 538 SW PINE RIDGE CT
City-St-Zip: LAKE CITY, FL 32024 US

Title: VP (X) Change () Addition
Name: MURROW, MONICA
Address: 547 SW PINE RIDGE CT
City-St-Zip: LAKE CITY, FL 32024 US

Title: S/T (X) Change () Addition
Name: ODELL, BETTY J
Address: 674 SW PINE RIDGE CT
City-St-Zip: LAKE CITY, FL 32024 US

Title: D (X) Change () Addition
Name: BLAKE, ROBERTA
Address: 423 SW PINE RIDGE CT.
City-St-Zip: LAKE CITY, FL 32024 US

Title: D () Change (X) Addition
Name: GILKS, JUNE
Address: 303 SW PINE RIDGE CT.
City-St-Zip: LAKE CITY, FL 32024 US

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: BETTY J ODELL

S/T

04/07/2009

Electronic Signature of Signing Officer or Director

Date