

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001855

FILED  
May 08, 2006  
Secretary of State

**Entity Name:** PINE RIDGE HOLLOW PHASE II HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

13627 DORNOCH DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

221 WALTON HEATH DRIVE  
ORLANDO, FL 32828

**Current Mailing Address:**

P.O. BOX 4656  
WINTER PARK, FL 32793

**New Mailing Address:**

**FEI Number:** 59-3342844      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PALMER, BETH  
13627 DORNOCH DRIVE  
ORLANDO, FL 32828      US

**Name and Address of New Registered Agent:**

PALMER, BETH  
221 WALTON HEATH DRIVE  
ORLANDO, FL 32828      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: BETH PALMER

05/08/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BARRETO, VALERIE  
Address: 3624 FALLING NEEDLE  
City-St-Zip: ORLANDO, FL 32822

Title: VPD      ( ) Delete  
Name: DELVALLE, AWILDA  
Address: 6922 LONG NEDLE CT  
City-St-Zip: ORLANDO, FL 32822

Title: D      ( ) Delete  
Name: VASQUEZ, ELAINE  
Address: 6930 LONG NEEDLE CT.  
City-St-Zip: ORLANDO, FL 32822

Title: STD      ( ) Delete  
Name: DIAZ, SYLVIA  
Address: 6953 NEEDLE POINT DR  
City-St-Zip: ORLANDO, FL 32822

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: VALERIE BARRETO

PD

05/08/2006

Electronic Signature of Signing Officer or Director

Date