

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001855

FILED
Aug 15, 2007
Secretary of State

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

Current Principal Place of Business:

3624 FALLING NEEDLE DRIVE
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

3624 FALLING NEEDLE DRIVE
ORLANDO, FL 32822

New Mailing Address:

PO BOX 770694
ORLANDO, FL 32877

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:

BARRETO, GEORGE
3624 FALLING NEEDLE DRIVE
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

BERNABE MANAGEMENT SERVICE
14698 HUNTCLIFF PKWY
ORLANDO, FL 32824 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: BERNABE MANAGEMENT

08/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VPD () Delete
Name: MARTINEZ, SAMUEL
Address: 6927 NEEDLE POINTE
City-St-Zip: ORLANDO, FL 32822

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

Title: STD () Delete
Name: BARRETO, GEORGE
Address: 3624 FALLING NEEDLE DRIVE
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 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: GEORGE BARRETO

PD

08/15/2007

Electronic Signature of Signing Officer or Director

Date