## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001632

FILED Mar 19, 2009 Secretary of State

Entity Name: PINE TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PINE TRACE HOA JAN M. MURRAY

P.O. BOX 4314 1350 BROKEN PINE ROAD DELTONA, FL 32725 DELTONA, FL 32725

Current Mailing Address: New Mailing Address:

PINE TRACE HOA P.O. BOX 4314 DELTONA, FL 32725

FEI Number: 59-3428967 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MURRAY, JAN N
1350 BROKEN PINE RD.
DELTONA, FL 32725 US

MURRAY, JAN M
1350 BROKEN PINE RD.
DELTONA, FL 32725 US

DELTONA, FL 32725 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: JAN M. MURRAY 03/19/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: SCHAEFERF, DAVID Name: LEWIS, LARRY

Name:SCHAEFERF, DAVIDName:LEWIS, LARRYAddress:1212 PINE SONG DR.Address:1340 BROKEN PINE ROADCity-St-Zip:DELTONA, FL 32725City-St-Zip:DELTONA, FL 32725

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MURRAY, JAN
 Name:

 Address:
 1350 BROKEN PINE DR.
 Address:

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 COLL, TIM
 Name:

 Address:
 1323 PINE SONG DR.
 Address:

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:

Title: T ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 TEVES, DAWN
 Name:
 TEVES, DAWN

 Address:
 1392 PINE SONG DR.
 Address:
 1392 PINE SONG DR.

 City-St-Zip:
 ENTERPRISE, FL 32725
 City-St-Zip:
 ENTERPRISE, FL 32725

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: JAN M. MURRAY T 03/19/2009