

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002890

FILED  
Jan 18, 2006  
Secretary of State

**Entity Name:** PINE HOLLOW ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 540903  
LAKE WORTH, FL 33454 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540903  
LAKE WORTH, FL 33454 US

**New Mailing Address:**

**FEI Number:** 65-0783947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOSEIN, INSHAN  
4220 PINE HOLLOW CIR  
GREENACRES, FL 33463 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: TD ( ) Delete  
Name: HERNANDEZ, EDDY  
Address: 4227 PINE HOLLOW CIRCLE  
City-St-Zip: GREEN ACRES, FL 33463

Title: SD ( ) Delete  
Name: SULLIVAN, BERNARD  
Address: 4251 PINE HOLLOW CIR  
City-St-Zip: GREEN ACRES, FL 33463

Title: PD ( ) Delete  
Name: HOSEIN, INSHAN  
Address: 4220 PINE HOLLOW CIRCLE  
City-St-Zip: GREENACRES, FL 33463

**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:

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:** BERNARD SULLIVAN

SD

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date