

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002890

FILED  
Apr 14, 2008  
Secretary of State

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

**Current Principal Place of Business:**

4220 PINE HOLLOW CIRCLE  
GREENACRES, FL 33463 US

**New Principal Place of Business:**

4276 PINE HOLLOW CIRCLE  
GREENACRES, FL 33463 US

**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:**

KAHRIM, JASON  
4141 PINE HOLLOW CIR  
GREENACRES, FL 33463 US

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

ANNELIES, MOURING ESQ  
4276 PINE HOLLOW CIR  
GREENACRES, FL 33463 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: C. ANNELIES MOURING

04/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BLANDING, KIMBERLY  
Address: 4252 PINE HOLLOW CIRCLE  
City-St-Zip: GREEN ACRES, FL 33463

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

Title: PD ( ) Delete  
Name: KAHRIM, JASON  
Address: 4141 PINE HOLLOW CIRCLE  
City-St-Zip: GREENACRES, FL 33463

Title: S (X) Delete  
Name: MOON, BONNIE  
Address: 4243 PINE HOLLOW CIRCLE  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOURING, ANNELIES  
Address: 4276 PINE HOLLOW CIRCLE  
City-St-Zip: GREEN ACRES, FL 33463

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MOON, BONNIE  
Address: 4243 PINE HOLLOW CIRCLE  
City-St-Zip: GREENACRES, FL 33463

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: C. ANNELIES MOURING

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date