

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001896

FILED
Feb 09, 2009
Secretary of State

Entity Name: PINE TRACE AT BINKS FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

22151 SHOREWIND DR
W PALM BEACH, FL 33428 US

New Principal Place of Business:

22151 SHOREWIND DR
BOCA RATON, FL 33428 US

Current Mailing Address:

22151 SHOREWIND DR
W PALM BEACH, FL 33428 US

New Mailing Address:

22151 SHOREWIND DR
BOCA RATON, FL 33428 US

FEI Number: 65-0456167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALYO, PAUL
22151 SHOREWIND DRIVE
BOCA RATON, FL 33428 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: PD () Delete
Name: FALZONE, SAMUEL
Address: 15530 WHISPERING WILLOW DR
City-St-Zip: WELLINGTON, FL 33414

Title: SD (X) Delete
Name: SILVA, RAUL
Address: 15522 WHISPERING WILLOW DR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HANLON, CHARLES
Address: 15442 WHISPERING WILLOW DR.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: SCHELL, RICHARD
Address: 15395 WISPERING WILLOW DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: PRIORE, THERESA
Address: 15570 WHISPERING WILLOW DR
City-St-Zip: WELLINGTON, FL 33414

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: VP (X) Change () Addition
Name: SCHELL, RICHARD
Address: 15395 WISPERING WILLOW DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: ST (X) Change () Addition
Name: PRIORE, THERESA
Address: 15570 WHISPERING WILLOW DR
City-St-Zip: WELLINGTON, FL 33414

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: PAUL VALYO

RA

02/09/2009

Electronic Signature of Signing Officer or Director

Date