

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 27, 2011
Secretary of State

DOCUMENT# N97000005271

Entity Name: VILLAGE PINES SCHOOL PARENT TEACHER ORGANIZATION, INC.**Current Principal Place of Business:**15000 S.W. 92ND AVE.
MIAMI, FL 33176**New Principal Place of Business:****Current Mailing Address:**15000 S.W. 92ND AVE.
MIAMI, FL 33176**New Mailing Address:****FEI Number:** 65-0792477**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KAUFMAN, KEVIN L
15000 SOUTHWEST 92ND AVENUE
MIAMI, FL 33176 US**Name and Address of New Registered Agent:**ABE, KAZU
15000 SOUTHWEST 92ND AVENUE
MIAMI, FL 33176 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: KAZU ABE

09/27/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: ABE, KAZU
Address: 15000 S.W. 92ND AVE.
City-St-Zip: MIAMI, FL 33176

Title: D
Name: FRAZIER, LUCILLE
Address: 15000 S.W. 92ND AVE.
City-St-Zip: MIAMI, FL 33176

Title: VP
Name: PERREIRA, MEREDITH
Address: 15000 SOUTHWEST 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

Title: T
Name: ARRAZOLA, MARIA CRISTINA
Address: 15000 SOUTHWEST 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: KAZU ABE

P

09/27/2011

Electronic Signature of Signing Officer or Director_____
Date