

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003252

FILED
Apr 10, 2009
Secretary of State

Entity Name: PINEBROOK HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

615 PINEBROOK CIRCLE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

615 PINEBROOK CIRCLE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, MALCOLM
615 PINEBROOK CIRCLE
CANTONMENT, FL 32533 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: D () Delete
Name: LINKOUS, MAUREEN
Address: 493 PINEBROOK CIR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: THOMAS, MALCOLM
Address: 615 PINEBROOK CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: PARKERSON, PRESTON
Address: 535 PINEBROOK CIR
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: CALLOWAY, BETTY
Address: 507 PINEBROOK CIRCLE
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Delete
Name: MCLEAN, DOUG
Address: 496 ASHLEY ROAD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCAULEY, JIM
Address: 525 CARMODY HILL RD
City-St-Zip: CANTONMENT, FL 32533

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

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

Title: D (X) Change () Addition
Name: POTTS, LORI
Address: 600 PINEBROOK CIRCLE
City-St-Zip: CANTONMENT, FL 32533

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: MALCOLM THOMAS

MR

04/10/2009

Electronic Signature of Signing Officer or Director

Date