


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90196 032 \*\*\*\*70.00

<b>DOCUMENT # N98000003818</b>	
1. Entity Name <b>THE PINES HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>13544 KENT BRADLEY ST. DADE CITY, FL 33525</b>	Mailing Address <b>13544 KENT BRADLEY ST. DADE CITY, FL 33525</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02272008 Chg-NP CR2E037 (12/08)

4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANUITA, PATRICIA 36012 SERBIA SPRUCE DR. DADE CITY, FL 33525		Name - <u>Titsworth, Patricia</u> Street Address (P.O. Box Number is Not Acceptable) <u>13544 Kent Bradley St.</u> City <u>Dade City</u> <u>FL</u> Zip Code <u>33525</u>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Patricia Titsworth Patricia Titsworth Treasurer 2/28/2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANUITA, PATRICIA 36012 SERBIA SPRUCE DR. DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <u>Stayrock, Cathy</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>36136 White Fir Way</u> <u>Dade City, FL 33525</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TITSWORTH, PATRICIA 13544 KENT BRADLEY ST. DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <u>Miller, Chuck</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>36137 Lodge Pole Pine Dr.</u> <u>Dade City, FL 33525</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERRYHILL, CHARLES 36150 WHITE FIR WAY DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STAYROCK, CATHY 36136 WHITE FIR WAY DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Titsworth 2/28/2008 352-521-0293  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #