2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N98000003818

Entity Name: THE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13544 KENT BRADLEY ST.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

13544 KENT BRADLEY ST.
DADE CITY, FL 33525

New Mailing Address:

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

Name and Address of Current Registered Agent:

TITSWORTH, PATRICIA
13544 KENT BRADLEY ST
DADE CITY, FL 33525 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: P ( ) Delete
Name: STAYROCK, CATHY
Address: 36136 WHITE FIR WAY
City-St-Zip: DADE CITY, FL 33525

Title: T ( ) Delete
Name: TITSWORTH, PATRICIA
Address: 13544 KENT BRADLEY ST.
City-St-Zip: DADE CITY, FL 33525

Title: V ( ) Delete
Name: MILLER, CHUCK
Address: 36137 LODGE POLE PINE DR
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STAYROOK, CATHY
Address: 36136 WHITE FIR WAY
City-St-Zip: DADE CITY, FL 33525

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

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

Title: S ( ) Change (X) Addition
Name: OLEARY, FRANCES
Address: 36011 LODGEPOLE PINE DR.
City-St-Zip: DADE CITY, FL 33525

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: PATRICIA J. TITSWORTH RA 02/20/2009

Electronic Signature of Signing Officer or Director — Date