

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003818

FILED
Feb 23, 2010
Secretary of State

Entity Name: THE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

36024 LODGEPOLE PINE DR
DADE CITY, FL 33525

New Principal Place of Business:

13544 KENT BRADLEY ST
DADE CITY, FL 33525

Current Mailing Address:

36024 LODGEPOLE PINE DR
DADE CITY, FL 33525

New Mailing Address:

13544 KENT BRADLEY ST
DADE CITY, FL 33525

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAKE, H. ELAINE
36024 LODGEPOLE PINE DR
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

TITSWORTH, PATRICIA
13544 KENT BRADLEY ST
DADE CITY, FL 33525 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: PATRICIA TITSWORTH

02/23/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TITSWORTH, PATRICIA
Address: 13544 KENT BRADLEY ST
City-St-Zip: DADE CITY, FL 33525

Title: T
Name: MILLER, SANDRA M
Address: 36137 LODGEPOLE PINE DR
City-St-Zip: DADE CITY, FL 33525

Title: V
Name: DERR, CHARLES
Address: 36024 WHITE FIR WAY
City-St-Zip: DADE CITY, FL 33525

Title: S
Name: MURPHY, KIM
Address: 36012 SERBIA SPRUCE DR
City-St-Zip: DADE CITY, FL 33525

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: PATRICIA TITSWORTH

P

02/23/2010

Electronic Signature of Signing Officer or Director

Date