

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90351 041 ****61.25

DOCUMENT # N99000003422

1. Entity Name
IN THE PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**11784 W SAMPLE RD
CORAL SPRINGS, FL 33065**

Mailing Address
**11784 W SAMPLE RD
CORAL SPRINGS, FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0958608

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UNITED COMMUNITY MGMT, CORP
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ROTHENBERG, MARK D	
STREET ADDRESS	8888 PINEBROOK	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	DP	☐ Delete
NAME	FISH, ROBERT	
STREET ADDRESS	5996 PINWOOD	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	DST	☐ Delete
NAME	MORRIS, STEWART	
STREET ADDRESS	5966 PINWOOD	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	☐ Delete
NAME	KEITSER, KENT	
STREET ADDRESS	8928 PINE BROOK COURT	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TIS	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

Robert Fish **ROBERT FISH, DIRECTOR**

3/22/06

954-752-8119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #