


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 013 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0958608 <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For	Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
UNITED COMMUNITY MGMT, CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065			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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROTHENBERG, MARK D	NAME					
STREET ADDRESS	8888 PINEBROOK	STREET ADDRESS					
CITY-ST-ZIP	PARKLAND, FL 33076	CITY-ST-ZIP					
TITLE	DD <i>Do Not delete</i> <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FISH, ROBERT	NAME					
STREET ADDRESS	5996 PINWOOD	STREET ADDRESS					
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP					
TITLE	D <i>STUART DO NOT DELETE</i> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MORRIS, STEWART	NAME					
STREET ADDRESS	5966 PINWOOD	STREET ADDRESS					
CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP					
TITLE	TD <i>KAISER</i> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KAISER, KENT	NAME					
STREET ADDRESS	8928 PINE BROOK COURT	STREET ADDRESS					
CITY-ST-ZIP	PARKLAND, FL 33076	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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 like empowered.							
SIGNATURE: <i>Kent J. Kaiser</i>		Date: <i>3-20-07</i>		Daytime Phone #: <i>954-796-4795</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							