


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90109 033 \*\*\*\*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 #  
**745 US Hwy 1  
 Suite, Apt. #, etc. *Suite 209***

3. Mailing Address  
***% Allied Property Mgmt Corp Inc.*  
 Suite, Apt. #, etc. *P.O. Box 221674***

City & State  
***North Palm Beach, Fl.***

City & State  
***West Palm Beach, Fl.***

Zip  
***33408***

Zip  
***33422***

**40079834**



04082008 Chg-NP CR2E037 (12/06)

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 ***Allied Property Management Corp Inc***

Street Address (P.O. Box Number is Not Acceptable)  
***745 US Highway 1  
 Suite 209***

City ***North Palm Beach*** FL Zip Code ***33408***

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]*** *property manager* DATE ***4/14/2009***

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, 2008**

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	<input type="checkbox"/> Delete
NAME	ROTHENBERG, MARK D	
STREET ADDRESS	8888 PINEBROOK	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FISH, ROBERT	
STREET ADDRESS	5996 PINWOOD	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, STUART	
STREET ADDRESS	5966 PINWOOD	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KAISER, KENT	
STREET ADDRESS	8928 PINE BROOK COURT	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, STUART	
STREET ADDRESS	5966 PINWOOD AVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like approvals.

SIGNATURE: ***[Signature]*** DATE ***4/18/08***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR