

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003422

FILED
Apr 30, 2009
Secretary of State

Entity Name: IN THE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

745 US HWY 1
SUITE 209
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

C/O ALLIED PROPERTY MANAGEMENT GROUP INC
1711 WORTHINGTON RD SUITE 103
WEST PALM BEACH, FL 33409 US

Current Mailing Address:

C/O ALLIED PROPERTY MGMT GROUP INC
PO BOX 221674
WEST PALM BEACH, FL 33422 US

New Mailing Address:

C/O ALLIED PROPERTY MANAGEMENT GROUP INC
1711 WORTHINGTON RD SUITE 103
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0958608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGMT, CORP
C/O ALLIED PROPERTY MANAGEMENT GROUP, INC
745 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

ALLIED PROPERTY MANAGEMENT GROUP INC
1711 WORTHINGTON RD
SUITE 103
WEST PALM BEACH, FL 33409 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: RON SIMMONS

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROTHENBERG, MARK D
Address: 8888 PINEBROOK
City-St-Zip: PARKLAND, FL 33076

Title: PD () Delete
Name: FISH, ROBERT
Address: 5996 PINEWOOD
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: MORRIS, STUART
Address: 5966 PINEWOOD
City-St-Zip: PARKLAND, FL 33067

Title: TD (X) Delete
Name: MORRIS, STUART
Address: 5766 PINEWOOD AVENUE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROTHENBERG, MARK D
Address: 8888 PINEBROOK
City-St-Zip: PARKLAND, FL 33067

Title: PD (X) Change () Addition
Name: FISH, ROBERT DR
Address: 5996 PINEWOOD
City-St-Zip: PARKLAND, FL 33067

Title: TD (X) Change () Addition
Name: MORRIS, STUART
Address: 5966 PINEWOOD AVE
City-St-Zip: PARKLAND, FL 33067

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

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: DR ROBERT FISH

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date