

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000000900

1. Entity Name
PINE HILLS ATHLETIC CLUB, INC.



Principal Place of Business
1100 NORTH PINE HILLS ROAD
ORLANDO, FL 32808-7125

Mailing Address
1113 N. PINE HILLS RD
ORLANDO, FL 32808

FILED

06 NOV 14 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FL 32399



11/03/06 01018 024 \$61.25
11102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

1100 N. Pine Hills Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

4. FEI Number
59-3549344

Applied For
Not Applicable

Zip

Country

32808

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINSTON, MOXCY B
1113 NORTH PINE HILLS ROAD
ORLANDO, FL 32808

Name GERVAN G SHIRLEY
Street Address (P.O. Box Number is Not Acceptable)

2932 Silver Ridge Drive

City Orlando

FL

Zip Code 32818

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)

11/10/06

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD
NAME MOODY, BEATRICE H
STREET ADDRESS 530 WHISKEY CREEK CT
CITY-ST-ZIP OCOEE, FL 34761 ☒ Delete

TITLE PTSD
NAME SHIRLEY, GERVAN G.
STREET ADDRESS 2932 Silver Ridge Drive
CITY-ST-ZIP Orlando, FL 32818 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

Shirley, President

11/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #