

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726157

1. Entity Name

PINETREE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90039 004 \*\*\*\*61.25

Principal Place of Business  
1010 PINETREE DR  
STE 9  
INDIAN HARBOR BEACH FL 32937  
US

Mailing Address  
1010 PINETREE DRIVE  
#9  
INDIAN HARBOR BEACH FL 32937-3697  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1030 PINETREE DR.

3. Mailing Address  
1030 PINETREE DR.

Suite, Apt. #, etc.  
#12

Suite, Apt. #, etc.  
#12

City & State  
INDIAN HARBOUR BEACH, FL

City & State  
INDIAN HARBOUR BEACH, FL

Zip  
32937

Country  
U.S.A.

Zip  
32937

Country  
U.S.A.

4. FEI Number  
59-1785356

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, MICHAEL  
1020 PINETREE DR  
#8  
INDIAN HARBOR BEACH FL 32937

7. Name and Address of New Registered Agent

Name  
SARA BETH MASSEY

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

1030 PINETREE DR #12

City  
INDIAN HARBOUR BEACH, FL

Zip Code  
32937

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.

SIGNATURE  
*Sarah Beth Massey*

3/29/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
PD

NAME  
WATSON, MICHAEL

STREET ADDRESS  
1020 PINETREE DR #8

CITY-ST-ZIP  
INDIAN HARBOUR BEACH FL 32937

☒ Delete

TITLE  
TD

NAME  
MILAS, JOSEPH

STREET ADDRESS  
1030 PINETREE DR #8

CITY-ST-ZIP  
INDIAN HARBOR BCH FL

☒ Delete

TITLE  
SD

NAME  
MASSEY, SARA

STREET ADDRESS  
1030 PINETREE DR #12

CITY-ST-ZIP  
INDIAN HARBOUR BEACH FL 32937

☐ Delete

TITLE  
VD

NAME  
GAINES, SHARON

STREET ADDRESS  
1020 PINETREE DR #3

CITY-ST-ZIP  
INDIAN HARBOUR BEACH FL 32937

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
VD

NAME  
ALICE RITTER

STREET ADDRESS  
1010 PINETREE DR #104

CITY-ST-ZIP  
INDIAN HARBOUR BEACH, FL 32937

☐ Change ☒ Addition

TITLE  
SD

NAME  
CAROL GIBBS

STREET ADDRESS  
1020 PINETREE DR #1

CITY-ST-ZIP  
INDIAN HARBOUR BEACH, FL 32937

☐ Change ☒ Addition

TITLE  
TD

NAME  
SARA BETH MASSEY

STREET ADDRESS  
1030 PINETREE DR. #12

CITY-ST-ZIP  
INDIAN HARBOUR BEACH, FL 32937

☒ Change ☐ Addition

TITLE  
PD

NAME  
SHARON GAINES

STREET ADDRESS  
1020 PINETREE DR #3

CITY-ST-ZIP  
INDIAN HARBOUR BEACH, FL 32937

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE: *Sarah Beth Massey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)