

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90051 007 \*\*\*\*70.00

**DOCUMENT # 726157**

1. Entity Name

**PINETREE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**1030 PINETREE DRIVE  
 #12  
 INDIAN HARBOR BEACH FL 32937  
 US**

Mailing Address

**1030 PINETREE DRIVE  
 #12  
 INDIAN HARBOR BEACH FL 32937  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MASSEY, SARA BETH  
 1030 PINETREE DRIVE #12  
 INDIAN HARBOR BEACH FL 32937**

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete  
 NAME **RITTER, ALICE**  
 STREET ADDRESS **1010 PINETREE DRIVE #104**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937**

TITLE **SD** ☒ Delete  
 NAME **GIBBS, CAROL**  
 STREET ADDRESS **1020 PINETREE DRIVE #1**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937**

TITLE **TD** ☐ Delete  
 NAME **MASSEY, SARA**  
 STREET ADDRESS **1030 PINETREE DR #12**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937**

TITLE **PD** ☐ Delete  
 NAME **GAINEY, SHARON**  
 STREET ADDRESS **1020 PINETREE DR #3**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition  
 NAME **MIKE WATSON**  
 STREET ADDRESS **1010 PINETREE DR #8**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **CHRISTINE KLOCKWOSKI**  
 STREET ADDRESS **1010 PINETREE DR #1**  
 CITY-ST-ZIP **INDIAN HARBOR BEACH, FL 32937**

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

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

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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)