

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726157

1. Entity Name

PINETREE CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90186 046 \*\*\*\*61.25

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 HARBOUR BEACH FL 32937

Name SARABETH M. SMITH

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

1030 PINE TREE 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

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

TITLE  
NAME SARA SMITH ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
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 ☐ Change ☐ Addition

TITLE VD  
NAME WATSON, MIKE  
STREET ADDRESS 1020 PINETREE DR #8  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☐ Delete

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

TITLE SD  
NAME KLOCKOWSKI, CHRISTINE  
STREET ADDRESS 1010 PINETREE DR #  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY  
NAME AUCB SAUCIER  
STREET ADDRESS 1010 PINETREE DR #104  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
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 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

4/15/2002 321-774-3159

CR2E037 (9/01)