


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90129 033 \*\*\*\*61.25

<b>DOCUMENT # 730228</b> 1. Entity Name <b>PINE VALLEY CONDOMINIUM ASSOCIATION INC.</b>	
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Principal Place of Business <b>101 CLUBHOUSE BLVD, NEW SMYRNA BCH, FL 32168</b>	Mailing Address <b>101 CLUBHOUSE BLVD, NEW SMYRNA BCH, FL 32168</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04262004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1669287</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GILMORE, J.F.**  
**547 BOTTLE BRUSH**  
**NEW SMYRNA BEACH, FL 32168**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. F. Gilmore* 27 APRIL 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete <b>ROBERTSON, W W</b> <b>253 CLUBHOUSE BLVD</b> <b>NEW SMYRNA BCH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>GILMORE, JOHN F.</b> <b>547 BOTTLBRUSH</b> <b>NEW SMYRNA BCH, FL 00000.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete <b>CODRINGTON, W.</b> <b>200 SWEETBAY AVE</b> <b>NEW SMYRNA BCH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DSB</del> <input type="checkbox"/> Delete <b>DENT, FELTS</b> <b>187 CLUBHOUSE BLVD</b> <b>NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>ALLEN FLAGLER</b> <b>1A7 CLUBHOUSE BLVD</b> <b>NEW SMYRNA BCH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION <b>PATRICIA DONALD</b> <b>125 CLUBHOUSE BLVD</b> <b>NEW SMYRNA BCH, FL 32168</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ALEX COLLINS</b> <b>247 CLUBHOUSE BLVD</b> <b>NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JEANNE GAYSON</b> <b>227 CLUBHOUSE BLVD</b> <b>NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *W. Codrington* **W. CODRINGTON** 4/27/04 386-427-4598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #