SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750352

1. Corporation Name
PINETRAIL EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
668 NW 45 DR DELRAY BEACH FL 33445 US	668 NW 45 DR DELRAY BEACH FL 33445 US

REINSTATEMENT 99

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 619 N.W. 45 DRIVE	26 696 N.W. 45 Drive	12/21/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☑ Not Applicable
City & State 23 DELRAY BEACH FL	City & State 28 Delray Beach FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33445 25 USA	Zip / Country 29 33445 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

SP

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEAUDRY, JOAN G 668 NW 45 DR DELRAY BEACH FL 33445	81 Name: Susan Davey 82 Street Address (P.O. Box Number is Not Acceptable): 696 NW 45 Drive 83 84 City: Delray Beach FL 85 Zip Code: 33445

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Susan Davey — 9/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	BUTLER, VERNISE		1.2 NAME	DENNIS BYK	
STREET ADDRESS	619 NW 45TH DR		1.3 STREET ADDRESS	616 NW 45th DRIVE	
CITY-ST-ZIP	DELRAY BCH FL 33445		1.4 CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	☒ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	BENNETT, DOUGLAS		2.2 NAME	SUSAN DAVEY	
STREET ADDRESS	587 NW 45TH DR		2.3 STREET ADDRESS	696 NW 45th DRIVE	
CITY-ST-ZIP	DELRAY BCH FL 33445		2.4 CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	BEAUDRY, JOAN G		3.2 NAME	LAURIE VASQUEZ	
STREET ADDRESS	668 NW 45TH DR		3.3 STREET ADDRESS	572 NW 45th DRIVE	
CITY-ST-ZIP	DELRAY BCH FL 33445		3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEAUDRY, JOAN G		4.2 NAME	200003077452--3	
STREET ADDRESS	668 NW 45 DR		4.3 STREET ADDRESS	-12/21/98--01098--019	
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP	****175.00 ****175.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	200003077452--3	
STREET ADDRESS			5.3 STREET ADDRESS	-12/21/98--01098--020	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 9/8/99 — 561-361-1605
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)
000486