2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # 750352** 1. Entity Name 03-31-2004 90037 037 ****61.25 PINETRAIL EAST HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 616 NW 45 DR. DELRAY BEACH FL 33445 US 596 N.W. 45TH DRIVE DELRAY BEACH FL 33445 94040614 3. Mailing Address 2. Principal Place of Business 尹o Box フaク1 Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 9lorida **NO-T APPLICABLE** INAY Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired PAL Fee Required m 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVEY, SUSAN 596 N.W. 45TH DRIVE **DELRAY BEACH FL 33445** 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. DATE (NOTE: Registered Agent signature required FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE **■** Delete TIT! F Change Addition DAVEY, TERRY NAME NAME 596 NW 45TH DR STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE KUH. RONALD NAME NAME 4517 NW 6th Court 634 NW 45TH DR STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP CITY-ST-ZIP מד TITLE ☐ Delete TITLE Change Addition ARTYBRIDGE, BESSIE NAME NAME 4588 NW 5TH CT STREET ADDRESS STREET ADORESS DELRAY BEACH FL 33445 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE . Change ☐ Addition TITLE RANGEL, DOLORES NAME 619 NW 45TH DR STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IP ☐ Change [] Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

BESSIE I Artybridge

SIGNATURE: 2

FILED