

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 12 PM 11:56

DOCUMENT # **758185** (3)  
1. Corporation Name  
**PINE TREE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**LIGHTHOUSE MGMT AND REALTY** **LIGHTHOUSE MANAGEMENT AND REALTY**  
**830 S. TAMiami TRAIL** **830 SOUTH TAMiami TRAIL**  
**OSPREY FL 34229-8224** **OSPREY FL 34229**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/28/1981** 3a. Date of Last Report **02/22/1994**  
4. FEI Number **59-2281365** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**LIGHTHOUSE MANAGEMENT AND REALTY**  
**830 SOUTH TAMiami TRAIL**  
**OSPREY FL 34229**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRIVER, GLEN	1 2 NAME	
STREET ADDRESS	7914 PINE GLEN COURT	1 3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	1 4 CITY- ST- ZIP	
TITLE	T	2 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELIGMAN, KURT	2 2 NAME	PD Eiler, melody
STREET ADDRESS	7909 PINE GLEN COURT	2 3 STREET ADDRESS	7942 PINE GLEN CT.
CITY- ST- ZIP	SARASOTA FL	2 4 CITY- ST- ZIP	SARASOTA, FL 34238
TITLE	S	3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, BOB	3 2 NAME	TD OTTO, shellie
STREET ADDRESS	7938 PINE GLEN COURT	3 3 STREET ADDRESS	7944 WOOD POINTE CT.
CITY- ST- ZIP	SARASOTA FL	3 4 CITY- ST- ZIP	SARASOTA, FL 34238
TITLE	D	4 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN, LOU	4 2 NAME	SD KANE, Charles
STREET ADDRESS	7917 PINE GROVE COURT	4 3 STREET ADDRESS	7921 TIMBERWOOD CIRCLE
CITY- ST- ZIP	SARASOTA FL	4 4 CITY- ST- ZIP	SARASOTA, FL 34238
TITLE	AS	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, LLOYD	5 2 NAME	
STREET ADDRESS	830 S. TAMiami TRAIL	5 3 STREET ADDRESS	
CITY- ST- ZIP	OSPREY FL	5 4 CITY- ST- ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY- ST- ZIP		6 4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 monitor 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 checked or on an attachment with an address.

SIGNATURE: J.L. KEITH 8/29/95 8139666844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Keyed Item #