

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 758185 (3)**

1. Corporation Name  
**PINE TREE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**LIGHTHOUSE MNGMT AND REALTY**  
**890 S. TAMiami TRAIL**  
**OSPREY FL 34229-9224**  
**US**

**LIGHTHOUSE MANAGEMENT AND REALTY**  
**890 SOUTH TAMiami TRAIL**  
**OSPREY FL 34229**  
**US**

3. Date Incorporated or Qualified **10/28/1981** 3a. Date of Last Report **04/12/1995**  
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**  
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. # **LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST.** 26 Suite, Apt. # **LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST.**  
22 City & State **OSPREY, FL 34229** 27 City & State **OSPREY, FL 34229**  
23 Zip Country 28 Zip Country  
24 25 29 30

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

10. Name and Address of New Registered Agent  
81 Name **LIGHTHOUSE MANAGEMENT & REALTY**  
82 Street Address (P.O. Box Number is Not Applicable) **16 CHURCH ST.**  
83 **16 CHURCH ST.**  
84 City **OSPREY, FL 34229** 85 Zip Code **FL**

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 *[Signature]* **AGENT J. LLOYD KEITH** **3-27-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHRIVER, GLEN	
STREET ADDRESS	7914 PINE GLEN COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EILER, MELODY	
STREET ADDRESS	7942 PINE GLEN CT.	
CITY-ST-ZIP	SARASTOA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OTTO, SHELE	
STREET ADDRESS	7944 WOOD POINT CT.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KANE, CHARLES	
STREET ADDRESS	7931 TIMBERWOOD CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEITH, LLOYD	
STREET ADDRESS	830 S. TAMiami TRAIL	
CITY-ST-ZIP	OSPREY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Louis	
1.3 STREET ADDRESS	7917 Pine Grove Ct	
1.4 CITY-ST-ZIP	Sarasota, FL 34238	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Thomas	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 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.

SIGNATURE: *[Signature]* **3-27-96** **941 966 6844**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)