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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: LIGHTHOUSE MANAGEMENT & REALTY, 16 CHURCH ST, OSPREY FL 34229, US  
Mailing Address: LIGHTHOUSE MANAGEMENT & REALTY, 16 CHURCH ST, OSPREY FL 34229-9349, US

3. Date Incorporated or Qualified: 10/28/1981  
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-2281365  
6. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: LIGHTHOUSE MANAGEMENT & REALTY, 16 CHURCH STREET, OSPREY FL 34229

10. Name and Address of New Registered Agent (81-85) fields.

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. SIGNATURE: J. Lloyd Keith Ass't Sec. DATE: 4/13/97

Table with 12 columns: 12. OFFICERS AND DIRECTORS (TITLE, NAME, ADDRESS, CITY-ST-ZIP, DELETE), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4, CHANGE, ADDITION).

14. I do 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.

SIGNATURE: [Signature] DATE: 4-13-97 9419666844

CR2E037 (9/96)