FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 758185 (3)

PINE TREE VILLAGE CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business Mailing Address			T 106016 10000 OND FORD HOUR DAY OLD HEAD OND HOUR BY UNDER CONT. 1001	
LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY FL 34229 US		LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY FL 34229 US		3. Date Incorporated or Qualified 10/28/1981 4. FEI Number Applied For 59-2281365 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired See Required
Suite, Apt		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
181 Name Moladu Filer				Nelody Eiler
LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH STREET			82 Street Avd	nes (P.O abx Number is Net Acceptable). Not Tree Condominium ASSOC.
	FL 34229		83 0/0 /	6 Church Street
			84 City	Sorry FL S Zip Code 34229
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Stat	utes, the above-named cor	poration submits this statement for the purpose of changing its registered
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 familial with and accept this obligations of Section 617.0503, Florida Statutes.				
SIGNATURY LILLY THE THEST GENT				
12	OFFICERS AND		OTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICIAL AND	DELETE		
NAME	EILER, MELODY		1.1 TITLE 1.2 NAME	Leonard Quint Court
STREET ADDRESS	7942 PINE GREEN COURT		1.3 STREET ADORESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, Fl.
TITLE	SD	DELETE	2.1 TITLE	Change Addition
NAME	THOMAS BOHNERT	, ,	2.2 NAME	
STREET ADDRESS	7942 PINE GLEN CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASTOA FL		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3 1 TITLE	Change Addition
NAME	OTTO, SHELLE		3.2 NAME	
STREET ADDRESS	7944 WOOD POINT CT.		3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	T pereze	3.4. CITY-ST-ZIP	C Change C 4 dilition
TITLE	SD WANTE OUADIES	☐ DELETE	4.1 TITLE	Change Addition
NAME	KANE, CHARLES		4. 2 NAME	
STREET ADDRESS	7931 TIMBERWOOD CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	SARASOTA FL AS	DELETE	4.4 CRY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME	KEMH, LLOYD		5.2 NAME	
STREET ADDRESS	16 CHURCH ST		5 3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL		5.4 CITY - ST- ZIP	
TITLE	VD	☐ DELETE	61 TITLE	Change Addition
NAME	NATHANSON, FRANK		6.2 NAME	
STREET ADDRESS	7930 WOOD POINTE CT		6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	

Thereby 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.

GNATURE: SIGNATURE: X

FILED

Feb 18 1998 8:00am

Secretary of State