

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90013 043 \*\*\*\*61.25

**DOCUMENT # 758185**

1. Entity Name

**PINE TREE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**LIGHTHOUSE MANAGEMENT & REALTY  
 16 CHURCH ST  
 OSPREY FL 34229  
 US**

**LIGHTHOUSE MANAGEMENT & REALTY  
 16 CHURCH ST  
 OSPREY FL 34229-9349  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2281365**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EILER, MELODY  
 PINE TREE VILLAGE CONDO ASSOC INC  
 16 CHURCH ST  
 OSPREY FL 34229**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE Melody Eiler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	KANE, CHARLES	
STREET ADDRESS	7931 TIMBERWOOD CIR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINT, LEONARD	
STREET ADDRESS	7929 WOOD POINT COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, JEFF	
STREET ADDRESS	7947 PINE GROVE CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input checked="" 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	16 CHURCH ST	
CITY-ST-ZIP	OSPREY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NATHANSON, FRANK	
STREET ADDRESS	7930 WOOD POINTE CT	
CITY-ST-ZIP	SARASOTA FL	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Petrin, Rachelle	
STREET ADDRESS	7921 Wood Pointe Ct.	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eiler, Melody	
STREET ADDRESS	7942 Pine Green Tr.	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)