

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90035 014 \*\*\*\*61.25

**DOCUMENT # 758185**

1. Entity 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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2281365**

Applied For

Not Applicable

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, President*

*2/14/2001*

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	PD	<input type="checkbox"/> Delete
NAME	EILER, MELODY	
STREET ADDRESS	7942 PINE GREEN TR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETRIN, RACHELLE	
STREET ADDRESS	7921 WOOD POINTE CT.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KEITH, LLOYD	
STREET ADDRESS	16 CHURCH ST	
CITY-ST-ZIP	OSPREY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NATHANSON, FRANK	
STREET ADDRESS	7930 WOOD POINTE CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Kane	
STREET ADDRESS	7931 Timberwood Cir	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rachelle Petrin	
STREET ADDRESS	7921 Wood Pointe Ct.	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	BR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda Vicarto	
STREET ADDRESS	7915 Wood Point Ct	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsha Nicholson	
STREET ADDRESS	7938 Pine Grove Ct.	
CITY-ST-ZIP	Sarasota, FL 34238	
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: *Melody Eiler, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)