


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90054 027 ****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 <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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. I am familiar with, and accept the obligation of registered agent.							
SIGNATURE: <i>Melody Eiler</i>					DATE: 4/12/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D. KANE, CHARLES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	7931 TIMBERWOOD CIR	NAME					
STREET ADDRESS	SARASOTA, FL 34238	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	SD PETRON, RACHELLE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	7921 WOOD POINTE CT	NAME					
STREET ADDRESS	SARASOTA, FL 34238	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	PD EILER, MELODY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	7942 PINE GLEN CT	NAME					
STREET ADDRESS	SARASOTA, FL	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	AS KEITH, LLOYD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	16 CHURCH ST	NAME					
STREET ADDRESS	OSPREY, FL	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	TD VICARIO, BRENDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	7915 WOOD PINT CT	NAME					
STREET ADDRESS	SARASOTA, FL 34238	STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	VP NICHOLSON, MARSHA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	7938 PINE GRONE CT	NAME					
STREET ADDRESS	SARASOTA, FL 34238	STREET ADDRESS					
CITY-ST-ZIP		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: <i>Melody Eiler</i>			Date: 4/12/04		Daytime Phone #: 906-6884		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							