


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90320 007 ****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**

50044394



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2281365

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EILER, MELODY
 PINE TREE VILLAGE CONDO ASSOC INC
 16 CHURCH ST
 OSPREY, FL 34229**

7. Name and Address of New Registered Agent
 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 obligations of registered agent.

SIGNATURE *Melody Eiler* DATE 4/19/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME KANE, CHARLES STREET ADDRESS 7931 TIMBERWOOD CIR CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE D NAME FRAN Lamm STREET ADDRESS 7910 Pine Glen Ct. CITY-ST-ZIP SARASOTA FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME PETRON, RACHELLE STREET ADDRESS 7921 WOOD POINTE CT CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete	TITLE TD NAME Rachelle Petrin STREET ADDRESS 7921 Wood Point Ct CITY-ST-ZIP SARASOTA FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME EILER, MELODY STREET ADDRESS 7942 PINE GLEN CT CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete	TITLE SD NAME Brenda Vicario STREET ADDRESS 7915 Wood Point Ct CITY-ST-ZIP SARASOTA FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME KEITH, LLOYD STREET ADDRESS 16 CHURCH ST CITY-ST-ZIP OSPREY, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME VICARIO, BRENDA STREET ADDRESS 7915 WOOD PINT CT CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME NICHOLSON, MARSHA STREET ADDRESS 7938 PINE GRONE CT CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Date 4/19/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR