



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90070 012 ****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 No. P.O. Box # Lighthouse Property Mgmt 16 Church Street Osprey, FL 34229		3. Mailing Address Lighthouse Property Mgmt 16 Church Street Osprey, FL 34229	
		40062315 	
		01162007 Chg-NP CR2E037 (12/06)	
		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 EILER, MELODY PINE TREE VILLAGE CONDO ASSOC INC 16 CHURCH ST OSPREY, FL 34229		7. Name and Address of New Registered Agent Name <u>Rochelle Petrin</u> Street Address (P.O. Box Number is Not Acceptable) <u>7921 Wood point ct.</u> City <u>Sarasota</u> FL Zip Code <u>34238</u>	
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 <u>Rochelle A. Petrin</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4/10/07</u> (NOTE: Registered Agent signature required when reinstating)	
10. Filing Fee is \$61.25 Due by May 1, 2007		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 SD <input checked="" type="checkbox"/> Delete	NAME LAMM, FRAN	TITLE VP <input checked="" type="checkbox"/> Change	NAME <u>Charlie Kane</u>
STREET ADDRESS 7910 PINE GLEN COURT	CITY-ST-ZIP SARASOTA, FL 34238	STREET ADDRESS 7931 Timberwood circle	CITY-ST-ZIP <u>Sarasota, FL 34238</u>
TITLE <u>RDAS</u> TD <input type="checkbox"/> Delete	NAME <u>PETRON, RACHELLE</u>	TITLE <u>VP</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>[Signature]</u>
STREET ADDRESS 7921 WOOD POINTE CT	CITY-ST-ZIP SARASOTA, FL 34238	STREET ADDRESS	CITY-ST-ZIP
TITLE PD <input checked="" type="checkbox"/> Delete	NAME EILER, MELODY	TITLE PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>Dennis Chenault</u>
STREET ADDRESS 7942 PINE GLEN CT	CITY-ST-ZIP SARASOTA, FL	STREET ADDRESS 7945 Pine Grove Ct.	CITY-ST-ZIP <u>Sarasota, FL 34238</u>
TITLE AS <input type="checkbox"/> Delete	NAME KEITH, LLOYD	TITLE	NAME
STREET ADDRESS 16 CHURCH ST	CITY-ST-ZIP OSPREY, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE <u>SD</u> <input type="checkbox"/> Delete	NAME VICARIO, BRENDA	TITLE	NAME
STREET ADDRESS 7915 WOOD PINT CT	CITY-ST-ZIP SARASOTA, FL 34238	STREET ADDRESS	CITY-ST-ZIP
TITLE VP <input checked="" type="checkbox"/> Delete	NAME NICHOLSON, MARSHA	TITLE <u>D</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <u>Stephanie Juliano</u>
STREET ADDRESS 7938 PINE GRONE CT	CITY-ST-ZIP SARASOTA, FL 34238	STREET ADDRESS 7944 Wood point ct.	CITY-ST-ZIP <u>Sarasota, FL 34238</u>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>Rochelle A. Petrin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/10/07</u> Date Daytime Phone #	