


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90047 028 \*\*\*\*61.25

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # 758185</b>   |   |   |  |
| 1. Entity Name<br>PINE TREE VILLAGE CONDOMINIUM ASSOCIATION, INC.  |   | Mailing Address<br>LIGHTHOUSE MANAGEMENT & REALTY<br>16 CHURCH ST<br>OSPREY, FL 34229 US   |  |
| Principal Place of Business<br>LIGHTHOUSE MANAGEMENT & REALTY<br>16 CHURCH ST<br>OSPREY, FL 34229 US   |   | Mailing Address<br>LIGHTHOUSE MANAGEMENT & REALTY<br>16 CHURCH ST<br>OSPREY, FL 34229 US   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |
| City & State   |   | City & State   |  |
| Zip  | Country   | Zip  | Country  |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent.   |  |
| PETRIN, ROCHELLE<br>7921 WOOD POINT CT<br>SARASOTA, FL 34238   |   | Name <b>PETRIN, RACHELLE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7921 WOOD POINT CT</b><br>City <b>SARASOTA</b> FL Zip Code <b>34238</b> |  |
| 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.<br>SIGNATURE <i>Deni Chevareux</i> (No change in registered agent just in the spelling of name 2/5/08)<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |   |  |  |
| 10. Filing Fee is \$61.25 Due by May 1, 2008   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>KANE, CHARLIE<br>7931 TIMBERWOOD CIR<br>SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>Mel Criffield<br>7935 Timberwood Cir.<br>Sarasota, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PTD<br>PETRIN, RACHELLE<br>7921 WOOD POINTE CT<br>SARASOTA, FL 34238 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>Aaron Rand<br>7908 Wood point cart<br>Sarasota, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>CHENAULT, DENNIS<br>7942 PINE GLEN CT<br>SARASOTA, FL 34238 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | AS<br>KEITH, LLOYD<br>16 CHURCH ST<br>OSPREY, FL <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>VICARIO, BRENDA<br>7915 WOOD PINT CT<br>SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>JULIANO, STEPHANIE<br>7944 WOODPOINT CT<br>SARASOTA, FL 34238 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: <i>Deni Chevareux</i>   |   | 2/5/08   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | DATE   |  |

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