2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90303 038 ****61.25

DOCUMENT # 766626

1. Entity Name
PINE HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ADVANCED PROPERTY MANAGEMENT SERVICE, 3350 WOODS EDGE CIRCLE, SUITE 104 BONITA SPRINGS, FL 33134 US	C/O ADVANCED PROPERTY MANAGEMENT SERVICE, 3350 WOODS EDGE CIRCLE, SUITE 104 BONITA SPRINGS, FL 33134 US

02212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2408799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 3350 WOODS EDGE CIRCLE SUITE 104 BONITA SPRINGS, FL 33134	Name: Advanced Property Management Service, Inc. Street: 1035 Collier Center Way, #7 City: Naples, FL 34110 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: Susan L Thompson SUSAN L. THOMPSON, AGENT 02/21/06
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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCCOMBS, MARTHA 28260 PINE HAVEN WAY, #85 BONITA SPRINGS, FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MACKAY, JANICE 28281 PINE HAVEN WAY # 185 BONITA SPRINGS, FL 34134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COE, FRANK 28281 PINE HAVEN WAY #191 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST METZLER, MILTON 28260 PINE HAVEN WAY # 152 BONITA SPRINGS FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWE, CAROL 28260 PINE HAVEN WAY, #88 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD STEWARD, DAVE 28200 PINE HAVEN WAY # 49 BONITA SPRINGS, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT MOSLEY, JOE 10981 BONITA BEACH RD. BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRINKMANN, THOMAS SCHLOSSBORNER WEG GA 65510 IDSTEIN, GERMANY, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #