FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

726157

(1)

PINETREE CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Mailing Address					40; 61611 61611 \$1611 61911 61 3 11 6171 1301
1010 PINETREE DR		1010 PINETREE DRIVE					
STE 9		#9					•
Indian Harbor Beach FL 32937 US		INDIAN HARBOR BEACH FL 32937-3673 US				3. Date Incorporated or Qualified 04/18/1973	3a. Date of Last Report 01/16/1996
2. Principal Pi	ace of Business	2a. Mailing Address			*** 1	4. FEI Number	Applied For
21		26				59-1785356	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
Crty & State		City & State				C Floring Constitution	Fee Required
23		28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cot	untry		8. This corporation has liability for it	
24	25	29	30			Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		24		10. Name and Address of New Reg	Jistered Agent
				81	Name		
AUSTIN,	steve Netree Dr., #201		82 Street Addre		Street Add	ress (P.O. Box Number is Not Acceptab	e)
	HARBOR BEACH FL 32937			83			
				84	City		85 Zip Code
44 6	- N	1017 1600 Et A					FL " " " " " " " " " " " " " " " " "
office or re	o the provisions of Sections 617.0502 egistered agent, or both, in the State of the sections of the section of the sections of the sections of the sections of the sections of the section o	: and 617.1508, Florida Statut of Florida. Such change was r tions of Section 617.0503. Et	es, the a authorize	bove d by	:-named corpora	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE _	That final with, and accept the obliga	nons or, section of 7.0303, Fit	oricia sta LEC	lutes	i-	1-7	9.41
	Signature, typed or printed name of registered agen	it and little if applicable (NOT		d Age	nt signature requ	red when reinstating)	DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 1	ITLE			Change Addition
NAME	AUSTIN, STEVE		1.2 N	AME	•		
STREET ADDRESS	1010 PINETREE DRIVE, #201		1.3 \$	TREET	ADDRESS		
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL			ITY-S'	1 - ZIP		
TITLE	TD	☐ DELETE	2.1 7				☐ Change ☐ Addition
NAME .	MILAS, JOSEPH		2.2 N				
STREET ADDRESS	1030 PINETREE DR #8				ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BCH FL	DELETE			ST-ZIP		
TITLE	SD MUDDAY MADEN	L. DELETE	3.1 11				Change Addition
NAME	MURRAY, KAREN	4	3.2 N				i
STREET ADDRESS	2995 N TROPICAL TR		I I		ADDRESS		
CITY-ST-ZIP TITLE	MERRITT ISLAND FL 32953	☐ DELETE	-		ST-ZIP		Change Addition
			4.1 (1				Change Addition
NAME STREET ADDRESS			4.21		4000000		
CITY-S1-ZIP					ADDRESS		
TITLE		DELETE	5.1 TI	ITY - S	1-214		☐ Change ☐ Addition
NAME		- Detert	5.2 N				En outrings En worldings
STREET ADDRESS			. I		ADDRECC		
CITY-SI-ZIP			l l		ADDRESS		
TIFLE		DELETE	6.1 TI	ITY-\$	1-211	······································	Change Addition
NAME		La Petere	6.2 N				C AMENDE C AMENDE
STREET ADDRESS					ADDRESS		
CITY . CT. 7ID				INCCI	1		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 inchanged, or on an attachment with an address

SIGNATURE:

1-29.97 4077732846

FILED

Feb 05 1997 8:00am

Secretary of State