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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726157

1. Corporation Name
PINETREE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1010 PINETREE DR STE 9 INDIAN HARBOR BEACH FL 32937 US	Mailing Address 1010 PINETREE DRIVE #9 INDIAN HARBOR BEACH FL 32937 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/18/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1785356
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent AUSTIN, STEVE 1010 PINETREE DR., #201 INDIAN HARBOR BEACH FL 32937		10. Name and Address of New Registered Agent 81 Name MICHAEL WATSON 82 Street Address (P.O. Box Number is Not Acceptable) 1020 PINETREE DR #8 83 84 City INDIAN HARBOUR BEACH FL 85 Zip Code 32937	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statute.

SIGNATURE: *Michael R. Watson* DATE: **3/17/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: AUSTIN, STEVE STREET ADDRESS: 1010 PINETREE DRIVE, #201 CITY-ST-ZIP: INDIAN HARBOUR BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: MICHAEL WATSON 1.3 STREET ADDRESS: 1020 PINETREE DR #8 1.4 CITY-ST-ZIP: INDIAN HARBOUR BEACH FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MILAS, JOSEPH STREET ADDRESS: 1030 PINETREE DR #8 CITY-ST-ZIP: INDIAN HARBOUR BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MURRAY, KAREN STREET ADDRESS: 2895 N TROPICAL TR CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: SARA MASSBY 3.3 STREET ADDRESS: 1030 PINETREE DR #12 3.4 CITY-ST-ZIP: INP. HGB. BCH FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ADAM ERICO STREET ADDRESS: 1020 #6 PINETREE DR CITY-ST-ZIP: INDIAN HARBOUR BCH FL 32937	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VD 4.2 NAME: SHARON GAINNEY 4.3 STREET ADDRESS: 1020 PINETREE DR #3 4.4 CITY-ST-ZIP: IND. HRB BCH FL 32937	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph M Milas* DATE: **1-28-99** 407-773-2846

CR2E037 (11/88)