

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726157

1. Entity Name

PINETREE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90039 004 ****61.25

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 32937-3697 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1030 PINETREE DR. Suite, Apt. #, etc. #12 City & State INDIAN HARBOUR BEACH, FL	3. Mailing Address 1030 PINETREE DR. Suite, Apt. #, etc. #12 City & State INDIAN HARBOUR BEACH, FL
Zip 32937 Country U.S.A.	Zip 32937 Country U.S.A.

4. FEI Number 59-1785356	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
 WATSON, MICHAEL
 1020 PINETREE DR
 #8
 INDIAN HARBOR BEACH FL 32937

7. Name and Address of New Registered Agent
 Name: SARA BETH MASSEY
 Street Address (P.O. Box Number is Not Acceptable)
 1030 PINETREE DR #12
 City: INDIAN HARBOUR BEACH, FL Zip Code: 32937

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.

SIGNATURE: *Sara Beth Massey*
 Signature, typed or printed name of registered agent and title if applicable.

DATE: 3/29/2000

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, MICHAEL	
STREET ADDRESS	1020 PINETREE DR #8	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILAS, JOSEPH	
STREET ADDRESS	1030 PINETREE DR #8	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MASSEY, SARA	
STREET ADDRESS	1030 PINETREE DR #12	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GAINNEY, SHARON	
STREET ADDRESS	1020 PINETREE DR #3	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE RITTER	
STREET ADDRESS	1010 PINETREE DR #104	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL GIBBS	
STREET ADDRESS	1020 PINETREE DR #1	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA BETH MASSEY	
STREET ADDRESS	1030 PINETREE DR. #12	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON GAINNEY	
STREET ADDRESS	1020 PINE TREE DR #3	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 life empowered.

SIGNATURE: *Sara Beth Massey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)