


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90212 007 ****61.25

DOCUMENT # 726157					
1. Entity Name PINETREE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1030 PINETREE DRIVE #12 INDIAN HARBOR BEACH, FL 32937 US			Mailing Address 1030 PINETREE DRIVE #12 INDIAN HARBOR BEACH, FL 32937 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1785356	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPACE COAST PROPERTY MANAGEMENT 1817 COOLING AVE MELBOURNE, FL 32935			Name SPACE COAST PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1817 COOLING AVENUE City MELBOURNE FL Zip Code 32935		
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 <i>Cynthia Marcos</i> <small>Signature typed or printed name of registered agent and title if applicable</small>			Cynthia Marcos - Sec.		4/29/04 DATE
Filing Fee is \$61.25 Due by May 1, 2004		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, SARA		NAME		
STREET ADDRESS	1030 PINETREE DR #12		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAINEY, SHARON		NAME		
STREET ADDRESS	1020 PINETREE DR #3		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YURKOVIC, TERI		NAME	VPD CAROL GIBBS	
STREET ADDRESS	372 WEST DOVER		STREET ADDRESS	1030 PINETREE DR. #1	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNARD, CAROL		NAME		
STREET ADDRESS	1020 PINETREE DR #1		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR, FL 32937		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIRECI, VINCE		NAME		
STREET ADDRESS	1030 PINETREE DR #10		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.					
SIGNATURE: <i>Sharon Stacey</i>		Date: 4-15-04		Daytime Phone #: 321-723-8444	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					