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.					91010	· •	20
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	 	11 12/11 (170) BYAN KINII BYAN K	1011 3 1317 21011	 1 1 1 1
2. Principal Place of Business	ncipal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03232004 Chg-NP	CR2E037	(10/03)	
City & State	te City & State			4. FEI Number 59-1785356			plied For Applicable
Zip Country	Zip	Zip Country		5. Certificate of Status De		3.75 Addi	tional
6. Name and Address of Current	Registered Agent			7. Name and Address of	New Registered Ag	ent	
COLOR COLOR DECEMBER TO LANGE		Na	ime Can	E COAST PR	CORFORTY I	ιΔ. ιΔ.	HEMEN
SPACE COAST PROPERTY MANAGEMENT 1817 COOLING AVE			eet,Address (P.O. Box Number is Not Acc	ceptable)	MAIGH	CICACO
MELBOURNE, FL 32935			1617	COOLINGI	AVENUE _		
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N A				OURNE	FL	Zip Code	35
 The above named entity submits this statement to the obligations of egistered agent. 	r the purpose of changing its r	egistered of	fice or register	red agent, or both, in the Sta	ite of Florida. I am fan	niliar with, a	and accept
the conganions of egistered agent.		ıΛ			1 1		
SIGNATURE Signature typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agen	a signature required	d when reinstating)	U DATE	04	
Filing Fee is \$61.25 9. Election Can Due by May 1, 2004 Trust Fund C			oing	\$5.00 May Be Added to Fees	Make check p Florida Departm	•	1
10. OFFICERS AND DIF	RECTORS	11.	,	ADDITIONS/CHANGES TO	OFFICERS AND DIRE	OTODO IN	10
TITLE TD	☐ Delete	T.T. C				CTORS IN	10
NAME SMITH, SARA		TITLE				CHARS IN	Addition
		NAME	npece				
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indicated on this report or supplied with an 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