

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90001 001 \*\*\*\*61.25

<b>DOCUMENT # 726157</b> Entity Name <b>PINETREE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1030 PINETREE DRIVE #12 INDIAN HARBOR BEACH, FL 32937 US</b>			Mailing Address <b>1030 PINETREE DRIVE #12 INDIAN HARBOR BEACH, FL 32937 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1785356</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVENUE MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent  <b>Space Coast Property Management 645 Classic Court, Suite 104 Melbourne, FL 32940</b>	
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 <b>MARK JACKSON</b> <b>3/2/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, SARA</b> <input checked="" type="checkbox"/> Delete <b>1030 PINETREE DR #12</b> <b>INDIAN HARBOR BEACH, FL 32937</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gregory, Travis</b> <b>1020 Pinetree Dr # 8</b> <b>Indian Harbor Bch FL 32937</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>GIBBS, CAROL</b> <b>1020 PINETREE DR #1</b> <b>INDIAN HARBOR BEACH, FL 32937</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Phelps, Dustin</b> <b>1030 Pinetree Dr # 8</b> <b>Indian Harbor Bch FL 32937</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Delete <b>CAPATANO, JAY</b> <b>1030 PINETREE DRIVE # 9</b> <b>INDIAN HARBOR BEACH, FL 32937</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>MCGINLEY, DENNIS</b> <b>1030 PINETREE DRIVE 1P</b> <b>INDIAN HARBOR BEACH, FL 32937</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary</b> <b>Brian Naughton</b> <b>1020 Pinetree Dr. # 9</b> <b>Indian Harbor Beach, FL 32937</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Mary O'Neil</b> <b>1010 Pinetree Dr # 101</b> <b>Indian Harbor Beach, FL 32937</b>	
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			<b>4-1-06</b> <b>321-258-3614</b> <small>Date Daytime Phone #</small>		