
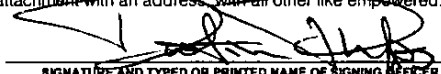


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 010 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112007 Chg-NP CR2E037 (12/06)	
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 645 CLASSIC CT. STE 104 MELBOURNE, FL 32940			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		SIGNATURE <i>MARK JACKSON</i>		DATE <i>2/9/2007</i>	
Filing Fee is \$81.25 Due by May 1, 2007		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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPATAINO, JAY		NAME	Travis Gregory	
STREET ADDRESS	1030 PINETREE DRIVE #9		STREET ADDRESS	1030 Pinetree Dr #8	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGINLEY, DENNIS		NAME	Dustin Phelps	
STREET ADDRESS	1030 PINETREE DRIVE 10		STREET ADDRESS	1030 Pinetree Dr #8	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, TRAVIS		NAME	Dennis McGinley	
STREET ADDRESS	1020 PINETREE DR. 8		STREET ADDRESS	1030 Pinetree Dr #10	
CITY-ST-ZIP	INDIAN HARBOUR, FL 32937		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHELPS, DUSTIN		NAME	Brian Raughton	
STREET ADDRESS	1030 PINETREE DR 8		STREET ADDRESS	1020 Pinetree Dr #9	
CITY-ST-ZIP	INDIAN HARBOUR, FL 32937		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE		<input type="checkbox"/> Delete	TITLE	Director @ Large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joe Oddo	
STREET ADDRESS			STREET ADDRESS	1020 Pinetree Dr #6	
CITY-ST-ZIP			CITY-ST-ZIP	Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		
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 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.					
SIGNATURE: 		Date: <i>2/9/2007</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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