

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 737202

1. Entity Name

PINETREE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1901 INDIAN RIVER BLVD.
VERO BEACH FL 32960

Mailing Address

1901 INDIAN RIVER BLVD.
VERO BEACH FL 32960



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1711100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALSH, JOSEPH Y
1901 INDIAN RIVER BLVD.
E201
VERO BEACH FL 32960

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JURGENS, LOREN C	
STREET ADDRESS	1901 INDIAN RIVER BLVD C205	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMONS, GLEN	
STREET ADDRESS	1065 20TH AVENUE	
CITY-STATE-ZIP	VERO BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAKEFIELD, JUDITH	
STREET ADDRESS	1901 INDIAN RIVER BLVD A205	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAREFIELD, JUDITH	
STREET ADDRESS	1901 INDIAN RIVER BLVD A205	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHRISTINE A	
STREET ADDRESS	1901 INDIAN RIVER BLVD D106	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000602238	
CITY-STATE-ZIP	01/26/07-80081-017 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLEN SIMMONS JR 1-21-07 772-567-7668