

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740928

FILED  
Aug 24, 2006  
Secretary of State

**Entity Name:** PINE TREE VILLAS HOMEOWNER'S ASSOCIATION OF BREVARD COUNTY, INC.

**Current Principal Place of Business:**

PO BOX 560073  
ROCKLEDGE, FL 329560073 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 560073  
ROCKLEDGE, FL 329560073 US

**New Mailing Address:**

**FEI Number:** 59-2358883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHMALENBERGER, IRIS DST  
1201 ST. ANDREWS DRIVE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMYTH, DAVID  
Address: 1197 ST. ANDREWS DRIVE  
City-St-Zip: ROCKLEDGE, FL

Title: DP ( ) Delete  
Name: MILLER, EDWARD K  
Address: 1189 ST. ANDREWS DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: MAINE, MAY  
Address: 1217 ST ANDREWS DRIVE  
City-St-Zip: ROCKLEDGE, FL

Title: D ( ) Delete  
Name: KOWALSKI, DELORES  
Address: 1169 ST. ANDREWS DRIVE  
City-St-Zip: ROCKLEDGE, FL

Title: DV ( ) Delete  
Name: WELBORN, CORINNE  
Address: 1173 ST ANDREWS DR  
City-St-Zip: ROCKLEDGE, FL

Title: D ( ) Delete  
Name: MCGUINESS, DAVE  
Address: 1205 ST ANDREWS DR  
City-St-Zip: ROCKLEDGE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS SCHMALENBERGER

DST

08/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date