

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740928

FILED
May 12, 2007
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:

1201 ST. ANDREWS DRIVE
ROCKLEDGE, FL 329560073 US

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 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 SCHMALENBEGGER

MRS

05/12/2007

Electronic Signature of Signing Officer or Director

Date