2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# 740928

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

Current Principal Place of Business:

1201 ST. ANDREWS DRIVE
ROCKLEDGE, FL 329560073 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560073
ROCKLEDGE, FL 329560073 US

New Mailing Address:

P.O. BOX 560073
ROCKLEDGE, FL 32956

FEI Number: 59-2358883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMALENBERGER, IRIS M 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:	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:	D	(X) Change ( ) Addition
Name:	VAUPEL, IVAN	
Address:	1197 ST. ANDREWS DRIVE	
City-St-Zip:	ROCKLEDGE, FL 32955	
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:	D	(X) Change ( ) Addition
Name:	BURNS, DOROTHY	
Address:	1205 ST ANDREWS DR	
City-St-Zip:	ROCKLEDGE, FL	

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 M. SCHMALENBERGER DST 02/13/2009

Electronic Signature of Signing Officer or Director — Date