

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740928

FILED
Apr 25, 2010
Secretary of State

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:

P.O. BOX 560073
ROCKLEDGE, FL 32956

New Mailing Address:

1201 ST. ANDREWS DRIVE
ROCKLEDGE, FL 329560073 US

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
Name: VAUPEL, IVAN
Address: 1197 ST. ANDREWS DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: D
Name: PATRICIA ANN, HAMILTON
Address: 1233 ST. ANDREWS DRIVE
City-St-Zip: ROCKLEDGE, FL

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

Title: D
Name: BURNS, DOROTHY
Address: 1205 ST ANDREWS DR
City-St-Zip: ROCKLEDGE, FL

Title: S/T
Name: IRIS M., SCHMALENBERGER
Address: 1201 ST. ANDREWS DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby 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 all other like empowered.

SIGNATURE: IRIS M. SCHMALENBERGER

SEC

04/25/2010

Electronic Signature of Signing Officer or Director

Date