

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749957

1. Corporation Name

PINE TREE PARK HOME OWNERS' ASSOCIATION INC.

Principal Place of Business
501 ALAMANDA LANE
DEERFIELD BCH FL 33442

Mailing Address
501 ALAMANDA LANE
DEERFIELD BCH FL 33442

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90043 047 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/29/1979

4. FEI Number

59-2147593

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TAST, SHEILA
501 ALAMANDA LANE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **ASTIFAN, CHARLES L**
STREET ADDRESS **1309 ORCHID CT**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE **VP** ☐ DELETE
NAME **WILLIAMS, JEANETTE**
STREET ADDRESS **706 HIBISCUS DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **VPD** ☐ DELETE
NAME **DE LUCA, ANDRE**
STREET ADDRESS **1303 W BOUGAINVILLEA DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **T** ☐ DELETE
NAME **MALO, LARRY**
STREET ADDRESS **429 E BOUGAINVILLEA DR**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE **SD** ☐ DELETE
NAME **NICHOLAS, JANET**
STREET ADDRESS **606 HIBISCUS DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **T** ☐ DELETE
NAME **BORDEN, BETTY**
STREET ADDRESS **402 E BOUGAINVILLEA DR**
CITY-ST-ZIP **DEERFIELD BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Cassidy, Eileen**
1.3 STREET ADDRESS **425 E. Bougainvillea**
1.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **DeLuca, Andre**
2.3 STREET ADDRESS **1303 W. Bougainvillea**
2.4 CITY-ST-ZIP **Deerfield Beach FL 33442**

3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **Williams, Jeannette**
3.3 STREET ADDRESS **1302 W. Bougainvillea**
3.4 CITY-ST-ZIP **Deerfield Beach, FL**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **Lacasse, Marguerite**
4.3 STREET ADDRESS **426 E. Bougainvillea**
4.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **Cona, Tony**
5.3 STREET ADDRESS **608 Camellia Ct**
5.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **Parent, Jules**
6.3 STREET ADDRESS **1324 Pointsettia Dr**
6.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Eileen Cassidy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22 99
Date
954-429-9000
Daytime Phone #

CR2E037 (11/98)