2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-31-2004 90037 037 ****61.25

DOCUMENT # 750352

1. Entity Name

PINETRAIL EAST HOMEOWNERS ASSOCIATION, INC.

94040614

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
616 NW 45 DR. DELRAY BEACH FL 33445 US	596 N.W. 45TH DRIVE DELRAY BEACH FL 33445

2. Principal Place of Business	3. Mailing Address
	PO Box 7271
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Delray Beach Florida
Zip / Country	Zip: 33482-7271 Country: Palm Beach

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVEY, SUSAN
596 N.W. 45TH DRIVE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name: ARTYBRIDGE, BESSIE
Street Address (P.O. Box Number is Not Acceptable): 4588 NW 5th Ct
City: Delray Beach FL Zip Code: 33445

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Bessie I. Artybridge Bessie I Artybridge 3/25/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVEY, TERRY 596 NW 45TH DR DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Doug/Asst Bennett 587 NW 45th Drive Delray Beach Fl 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KUH, RONALD 634 NW 45TH DR DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Dr Okolie Uwadibie 4517 NW 6th Court Delray Beach, Fl 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARTYBRIDGE, BESSIE 4588 NW 5TH CT DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RANGEL, DOLORES 619 NW 45TH DR DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bessie I Artybridge BESSIE I Artybridge 3/25/04 561-499-3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #