

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90047 041 \*\*\*\*61.25

**DOCUMENT # 750352**

1. Entity Name

PINETRAIL EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

616 NW 45 DR.  
DELRAY BEACH FL 33445  
US

Mailing Address

PO BOX 7271  
DELRAY BEACH FL 33482-7271

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

4588 NW 5th Ct

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

USA

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

ARTYBRIDGE, BESSIE  
4588 NW 5TH CT.  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE PD ☐ Delete  
NAME BENNETT, DOUGLAS  
STREET ADDRESS 587 NW 45TH DRIVE  
CITY ST ZIP DELRAY BEACH FL 33445

TITLE VPA ☐ Delete  
NAME GEATHERS, LEROY  
STREET ADDRESS 636 NW 45TH WAY  
CITY ST ZIP DELRAY BEACH FL 33445

TITLE TD ☐ Delete  
NAME ARTYBRIDGE, BESSIE  
STREET ADDRESS 4588 NW 5TH CT  
CITY ST ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME RONALD A KUH  
STREET ADDRESS 634 NW 45TH DRIVE  
CITY ST ZIP DELRAY BEACH, FL 33445

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME STEVE GORMAN  
STREET ADDRESS 637 NW 45TH DRIVE  
CITY ST ZIP Delray Beach, FL 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
NAME GRIFFIN, Pauline  
STREET ADDRESS 616 NW 45TH DRIVE  
CITY ST ZIP Delray Beach, FL 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3/26/07 561-499-3953