


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90075 042 ****61.25

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # 751155 1. Entity Name THE VILLAS OF PINE TREE HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2501 FLORAL ROAD LANTANA, FL 33462 | | | Mailing Address 2501 FLORAL RD LANTANA, FL 33462 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2164613 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LINDSEY, M. CAROL 2501 FLORAL ROAD LANTANA, FL 33462 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | V GERALD, JOHN 4790 PINE TREE DR BOYNTON BEACH, FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Cannizzaro, Charles 4945 Pine Tree Dr. Boynton Beach FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MERRILL, DAN 4860 PINE TREE DR BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LINDSEY, CAROL 10800 S. MILITARY TRAIL BOYNTON BEACH, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2501 Floral Rd Lantana, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCVEY, SCOTT 4845 PINE TREE DR BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEKICH, FRANK 4905 PINE TREE DR. LAKE WORTH, FL 33462 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Noble, Frank 4900 Pine Tree Dr. Boynton Beach FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PAPPAS, DEAN 4755 PINE TREE DR BOYNTON BEACH, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>M. Carol Lindsey</u> M. Carol Lindsey 2-23-06 561-423-2100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |