

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2007 08:00 AM  
Secretary of State**

**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**



02232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2164613**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LINDSEY, M. CAROL  
2501 FLORAL ROAD  
LANTANA, FL 33462**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000648148  
03/06/07-80100-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CANNIZZARO, CHARLES  
4965 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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LINDSEY, CAROL  
2501 FLORAL RD  
LAKE WORTH, FL 33462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MCVEY, SCOTT  
4845 PINE TREE DR  
BOYNTON BEACH, FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
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**

**DO NOT WRITE  
IN THIS SPACE**

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:**

*M. Carol Lindsey* *M. Carol Lindsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-07

Date

Daytime Phone #

561-433-2100