

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 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**



02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2164613</b>	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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000851065  
03/25/08-89023-017 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-08**

Date

**561-433-2100**

Daytime Phone #