2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 751155

Entity Name: THE VILLAS OF PINE TREE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2501 FLORAL ROAD
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

2501 FLORAL RD
LANTANA, FL 33462 US

New Mailing Address:

2501 FLORAL ROAD
LANTANA, FL 33462

FEI Number: 59-2164613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CANNIZZARO, CHARLES	
Address:	4965 PINE TREE DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	T	( ) Delete
Name:	MERRILL, DAN	
Address:	4860 PINE TREE DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	S	( ) Delete
Name:	LINDSEY, CAROL	
Address:	2501 FLORAL RD	
City-St-Zip:	LAKE WORTH, FL 33462	
Title:	VP	( ) Delete
Name:	MCVEY, SCOTT	
Address:	4845 PINE TREE DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	NOBLE, FRANK	
Address:	4900 PINE TREE DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	PD	( ) Delete
Name:	PAPPAS, DEAN	
Address:	4755 PINE TREE DR	
City-St-Zip:	BOYNTON BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. CAROL LINDSEY S 04/13/2009

Electronic Signature of Signing Officer or Director — Date