

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90320 007 ****61.25

DOCUMENT # 758185					
1. Entity Name PINE TREE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY, FL 34229 US			Mailing Address LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY, FL 34229 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2281365	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EILER, MELODY PINE TREE VILLAGE CONDO ASSOC INC 16 CHURCH ST OSPREY, FL 34229			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 <u>Melody Eiler</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/19/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 D NAME KANE, CHARLES STREET ADDRESS 7931 TIMBERWOOD CIR CITY-ST-ZIP SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE D NAME FRAN Lamm STREET ADDRESS 7910 Pine Glen Ct. CITY-ST-ZIP SARASOTA FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME PETRON, RACHELLE STREET ADDRESS 7921 WOOD POINTE CT CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE TD NAME Rachelle Petrin STREET ADDRESS 7921 Wood Point Ct CITY-ST-ZIP SARASOTA FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME EILER, MELODY STREET ADDRESS 7942 PINE GLEN CT CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/> Delete		TITLE SD NAME Brenda Vicario STREET ADDRESS 7915 Wood Point Ct CITY-ST-ZIP SARASOTA FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME KEITH, LLOYD STREET ADDRESS 16 CHURCH ST CITY-ST-ZIP OSPREY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME VICARIO, BRENDA STREET ADDRESS 7915 WOOD PINT CT CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NICHOLSON, MARSHA STREET ADDRESS 7938 PINE GRONE CT CITY-ST-ZIP SARASOTA, FL 34238	<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 exemption stated in Section 119.07(3)(i), 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>Melody Eiler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/19/05</u> Daytime Phone #		

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