## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 766744**

FILED Mar 23, 2009 Secretary of State

Entity Name: PINE TREE DRIVE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5810 PINE TREE DR 5744 PINE TREE DR SANIBEL, FL 33957 US SANIBEL, FL 33957 US

Current Mailing Address: New Mailing Address:

5810 PINE TREE DRIVE 5744 PINE TREE DRIVE SANIBEL, FL 33957 US SANIBEL, FL 33957 US

FEI Number: 59-2401606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORKIN, ERIC B PADEWER, HARVEY 5810 PINE TREE DR. 5744 PINE TREE DR. SANIBEL, FL 33957 US SANIBEL, FL 33957 US

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: HARVEY PADEWER 03/23/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 ( ) Delete
 Title:
 PRES
 ( X) Change ( ) Addition

 Name:
 ORKIN, ERIC B
 Name:
 PADEWER, HARVEY

 Address:
 5810 PINE TREE DR
 Address:
 5744 PINE TREE DR

Address: 5810 PINE TREE DR Address: 5/44 PINE TREE DR City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957

Title: () Delete Title: (X) Change ( ) Addition PADEWER, HARVEY Name: Name: TONGYAI, JONATHAN Address: 5744 PINE TREE DR Address: 5753 PINE TREE DR City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PADEWER, NANCY J
 Name:

 Address:
 5744 PINE TREE DR
 Address:

 City-St-Zip:
 SANIBEL, FL 33957
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BUCKLO, HARI
 Name:

 Address:
 5749 PINE TREE DR
 Address:

 City-St-Zip:
 SANIBEL, FL 33957
 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: HARVEY PADEWER PRES 03/23/2009