


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000008141</b> 1. Entity Name PINE PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1565 E HIGHWAY 100 #6 BUNNELL, FL 32110	Mailing Address 1565 E HIGHWAY 100 #6 BUNNELL, FL 32110
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04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0574820	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE #B-1 PORT ORANGE, FL 32127
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**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000133391  
04/27/04-80084-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLRICK, TROY 14947 WEST HIGHWAY 100 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDONOUGH, JUDY 73 UHL PATH PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLRICK, TERI 14947 WEST HIGHWAY 100 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONOUGH, JAY 73 UHL PATH PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Teri Willrick Teri Willrick 4/22/04 386-437-3443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #