2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000008329 1. Entity Name PINE TREE CENTER PROPERTY OWNER'S ASSOCIATION, I Principal Place of Business Mailing Address 7101 CAPRI LN P.O. BOX 420 PINELAND FL 33945 PINELAND FL 33945 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

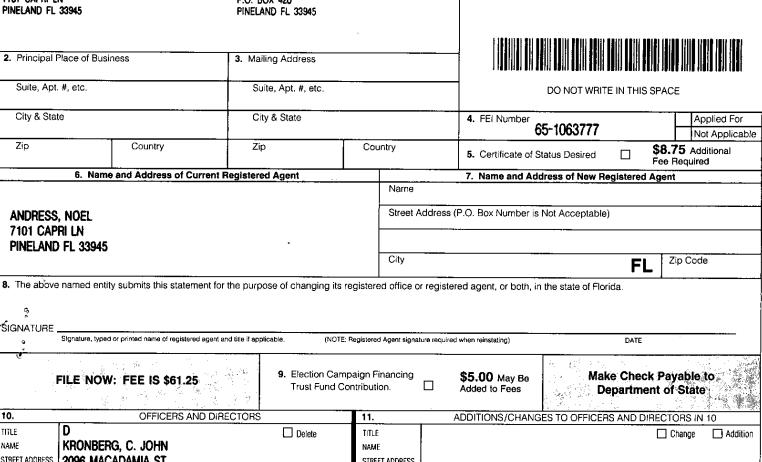
Name

City

Zip

FILED Apr 22, 2002 8:00 am § Secretary of State

04-22-2002 90336 032 ****61.25



	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONBERG, C. JOHN 2096 MACADAMIA ST SAINT JAMES CITY FL 33956	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRESS, NOEL 7101 CAPRI LN PINELAND FL 33945	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVULIS-ANDRESS, KAREN 7101-CAPRI LANE PINELAND FL 33945	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1, 10	☐ Change ☐ Addition
TITLE NAME , STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Zip

15 'ŜIGNATURE

ANDRESS, NOEL 7101 CAPRI LN PINELAND FL 33945 Country

6. Name and Address of Current Registered Agent

Daytime Phone #