

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

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008329

1. Entity Name
**PINE TREE CENTER PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**7101 CAPRI LN
PINELAND, FL 33945**

Mailing Address
**P.O. BOX 420
PINELAND, FL 33945**



DO NOT WRITE IN THIS SPACE

04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1063777

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDRESS, NOEL
7101 CAPRI LN
PINELAND, FL 33945**

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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**

\$61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRONBERG, C. JOHN
2096 MACADAMIA ST
SAINT JAMES CITY, FL 33956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDRESS, NOEL
7101 CAPRI LN
PINELAND, FL 33945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAVULIS-ANDRESS, KAREN
7101 CAPRI LANE
PINELAND, FL 33945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000000140812
04/29/04-80175-023 61.25**

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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: *Noel Andress*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (239) 283-1717
Date Daytime Phone #