


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N00316 1. Entity Name PINE TREE INDUSTRIAL PARK OWNERS ASSOCIATION INC.	
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Principal Place of Business 9095 17TH PLACE VERO BEACH, FL 32966 US	Mailing Address 2140 87TH AVE VERO BEACH, FL 32966
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2496491	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, WENDY
2140 87TH AVE
VERO BEACH, FL 32966

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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 *Wendy Griffin* (NOTE: Registered Agent signature required when reinstating) DATE 7-5-06

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GRIFFIN, JASON A
STREET ADDRESS	2140 87TH AVE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	VPD
NAME	WALLACE, JAMES ANDREW
STREET ADDRESS	9095 17TH PLACE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	STD
NAME	GRIFFIN, WENDY H
STREET ADDRESS	2140 87TH AVE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/06-80013-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Wendy Griffin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-5-06 Daytime Phone #: 562-0010