


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 008 ****61.25

DOCUMENT # N01281 1. Entity Name PINE TRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW SARASOTA, FL 34235			Mailing Address 5041 RINGWOOD MEADOW SARASOTA, FL 34235		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2459795	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INCORPORATED 5041 RINGWOOD MEADOW SARASOTA, FL 34235				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, JOHN 7833 PINE TRACE DRIVE SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JOHN 7833 PINE TRACE DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, BOB 7776 PINE TRACE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKINNER, ROY 7862 PINE TRACE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER, ROY 7862 PINE TRACE DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAW, ALYCE 7788 PINE TRACE DRIVE SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAW, ALYCE 7788 PINE TRACE DR. SARASOTA FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOCERA, SONA 7759 PINE TRACE DRIVE SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHESON, RICHARD 7821 PINE TRACE DR. SARASOTA FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Richard G Matheson</i> Richard G MATHESON <i>Treas.</i> 941-359-969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					