
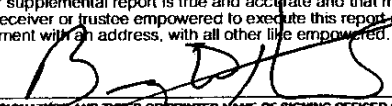


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90064 004 ****61.25

DOCUMENT # N02000000988 1. Entity Name THE VILLAGES AT PINE TREE HOA, INC.					
Principal Place of Business ADVANCED MGMT. 9031 TOWN CENTER PKWY. BRADENTON, FL 34202			Mailing Address ADVANCED MGMT. 9031 TOWN CENTER PKWY. BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 83-0346783	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED MGMT., INC. 9031 TOWN CENTER PKWY. BRADENTON, FL 34202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEPOW, DAVID		NAME	John Micue	
STREET ADDRESS	301 NO CATTLEMAN ROAD, # 108		STREET ADDRESS	1760 Pinyon Pine Drive	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOOLERY, MIKE		NAME	Keith Spahn	
STREET ADDRESS	301 NORTH CATTLEMEN RD.		STREET ADDRESS	1760 Pinyon Pine Drive	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LISTON, DAVID		NAME	Chris Wright	
STREET ADDRESS	301 N CATTLEMAN RD STE 108		STREET ADDRESS	1596 Pinyon Pine Drive	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	BARRY HART	
STREET ADDRESS			STREET ADDRESS	7792 Arolla Pine Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					