2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002542

1. Entity Name
PINE CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
873 STERTHAUS AVE, STE 303 ORMOND BCH, FL 32174	873 STERTHAUS AVE, STE 303 ORMOND BCH, FL 32174

DO NOT WRITE IN THIS SPACE

07132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3622303
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VERA, ARNOLD MD,M.SC
873 STERTHAUS AVE, STE 303
ORMOND BCH, FL 32174

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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 _____ 7/13/2005
Required, if applicable, 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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VERA, ARNOLD MD, MSC
STREET ADDRESS	873 STERTHAUS AVE, STE 303
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	D
NAME	SCOTT, JAMES A MD PHD
STREET ADDRESS	311 N CLYDE MORRIS BLVD, STE 490
CITY-ST-ZIP	DAYTONA BCH, FL 32114
TITLE	D
NAME	ROTSTEIN, JACK
STREET ADDRESS	1236 MASON AVE
CITY-ST-ZIP	DAYTONA BCH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/05-80005-004 61.25

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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: _____ 7/13/2005 (386) 677-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #