

**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.	
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Principal Place of Business 873 STERTHAUS AVE, STE 303 ORMOND BCH, FL 32174	Mailing Address 873 STERTHAUS AVE, STE 303 ORMOND BCH, FL 32174
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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	DO NOT WRITE IN THIS SPACE
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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  DATE 7/13/2005

(NOTE: Registered Agent signature required when reinstating)

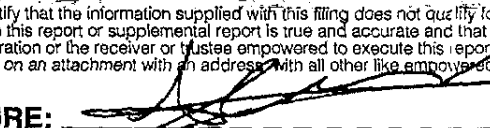
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERA, ARNOLD MD, MSC 873 STERTHAUS AVE, STE 303 ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, JAMES A MD PHD 311 N CLYDE MORRIS BLVD, STE 490 DAYTONA BCH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTSTEIN, JACK 1236 MASON AVE 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	

**DO NOT WRITE
IN THIS SPACE**

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08/01/05-80005-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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