

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002542

1. Entity Name
PINE CLUB OF FLORIDA, INC.



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

Mailing Address
**873 STERTHAUS AVE, STE 303
ORMOND BCH, FL 32174**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-2006

**Filing Fee is \$61.25
Due by May 1, 2006**

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	1238 MASON AVE
CITY-ST-ZIP	DAYTONA BCH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000420418
02/15/06-80055-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 fee empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/31/06 386/677-29