

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

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90263 043 \*\*\*\*61.25

**DOCUMENT # N24230**

1. Entity Name  
**THE PINES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**275 CLYDE MORRIS BLVD.  
ORMOND BEACH, FL 32174 US**

Mailing Address  
**275 CLYDE MORRIS BLVD.  
ORMOND BEACH, FL 32174 US**

4003500



02082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**VOGES, WILLIAM J  
275 CLYDE MORRIS BLVD  
ORMOND BEACH, 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

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP MARONEY, PHILIP 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NOWWISKIE, RON E 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DITTBENNER, EILEEN 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROMANO, SHARON H. 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Philip Maroney, Pres.**

**3/30/2006**

Date

**386-671-4908**

Daytime Phone #

Root.

ATTACHMENT 40039832

# N24230

275 Clyde Morris Boulevard  
Ormond Beach, Florida 32174  
Tel 386 671 4888  
Fax 386 671 3888

March 30, 2006

Via Certified Mail, Return Receipt Requested  
7000 0600 0028 1779 3468

Department of State  
P. O. box 6478  
Tallahassee, FL 32301

Re; 2006 Limited Liability Company Annual Reports

Dear Sir or Madam:

Enclosed please find the annual reports and \$50.00 fees incident to the following limited liability companies.

DMV Investments, LLC  
Petalio II, LLC  
Pump House East, LLC  
RDT, L.L.C., L.C.  
Root Mortgage III, LLC  
Root Venture Partners, LLC  
Root Wilmette Investments, LLC  
Silver Holly Development, LLC  
SSRF Properties, LLC

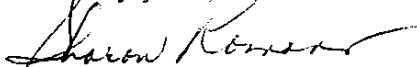
Also enclosed are the annual reports and fees of \$61.25 each for the following Not-for-Profit Corporations:

Block F OACC fire System Owners Assoc.  
Pines Property Owner's Association

Please proceed to file these annual reports. If you have any questions or require additional information I will appreciate a call to 386-671-4908.

Thanking you for all courtesies and cooperation, I am,

Sincerely yours,



Sharon Romano  
Legal Secretary

/shr  
Enc.