# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N37911

1. Entity Name
PINE TREE TERRACE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8608 SE WOODWIND STREET<br>HOBE SOUND, FL 33455 US | 8608 SE WOODWIND STREET<br>HOBE SOUND, FL 33455 US |

**DO NOT WRITE IN THIS SPACE**

03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0177287

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, JANE L
401 E OSCEOLA ST
STUART, FL 34995

**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.

5 (two check)

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

000000493284
04/11/06-80113-001 70.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BUCHOFF, MARGARET |
| STREET ADDRESS | 8608 SE WOOD WIND ST |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 |
| TITLE | D |
| NAME | GOOLSBY, ALLEN |
| STREET ADDRESS | 8769 SE WOODWIND ST. |
| CITY-ST-ZIP | HOBE SOUND, FL |
| TITLE | D |
| NAME | HULL, MARTA |
| STREET ADDRESS | 8628 SE WOODWARD ST. |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 |
| TITLE | D |
| NAME | BOHATYRITZ, THOMAS |
| STREET ADDRESS | 8609 SE WOODWIND ST |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 |
| TITLE | D |
| NAME | PASS JR, EDGAR |
| STREET ADDRESS | 8768 SE WOODWIND ST |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 |
| TITLE | D |
| NAME | EVES, PATRICK |
| STREET ADDRESS | 8547 SE WOODWIND ST |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 |

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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:** Edgar Pass Jr. 3/23/06 (772) 546-0398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #