

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N37911

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



Principal Place of Business  
8608 SE WOODWIND STREET  
HOBE SOUND, FL 33455 US

Mailing Address  
8608 SE WOODWIND STREET  
HOBE SOUND, FL 33455 US



01222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0177287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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.

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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 8789 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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01/29/07-80055-023 70.00

**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

Date

Daytime Phone #

*Edgar Pass Jr*

1/22/07

(772) 546-0398