

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90070 024 ****61.25

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DOCUMENT # N45466

1. Corporation Name

PINE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5 PALMETTO DUNES CT
ORMOND BEACH FL 32174

Mailing Address

5 PALMETTO DUNES CT
ORMOND BEACH FL 32174



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

59-2921404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEPHEN, LISA
5 PALMETTO DUNES CT
ORMOND BEACH FL 32174

Spelling should be
Stephan

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Buford Crowder, Jr.
Signature typed or printed name of registered agent and title if applicable.

Buford Crowder, Jr., President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ Director ☐ DELETE

NAME
STEPHAN, THOMAS
STREET ADDRESS
5 PALMETTO DUNES COURT
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE ☐ STD ☐ DELETE

NAME
STEPHEN, LISA
STREET ADDRESS
5 PALMETTO DUNES CT
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE ☒ VP ☐ DELETE

NAME
HUTTON, RON
STREET ADDRESS
10 CYPRESS POINT COURT
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE ☒ D ☐ DELETE

NAME
HUNTER, SAMUEL
STREET ADDRESS
1 TORREY PINES CT
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE ☐ D ☐ DELETE

NAME
CONNELLY, ARTHUR
STREET ADDRESS
1 DORADO BEACH CT
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE ☐ ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME
President
Buford Crowder Jr.
16 Palmetto Dunes Ct.
Ormond Beach, FL 32174

2.1 TITLE ☐ Change ☒ Addition

NAME
VP
Edsel Thomas
4 Sugar Creek Ct.
Ormond Beach, FL 32174

3.1 TITLE ☒ Change ☐ Addition

NAME
STD
Stephan, Lisa
5 Palmetto Dunes Court
Ormond Beach, FL 32174

*Last Name
Misspelled

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

Buford Crowder, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Buford Crowder, Jr.
President

Date

904-672-1867

Daytime Phone #

CR2E037 (11/98)