

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90018 021 ****61.25

DOCUMENT # N45466					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2921404	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEPHAN, LISA 5 PALMETTO DUNES CT ORMOND BEACH, FL 32174			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN, ROBERT		NAME	Roy Barilla	
STREET ADDRESS	2 INVERRAY CT		STREET ADDRESS	5 Dorado Beach Ct.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Bch, FL 32174	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, BUD		NAME	Connelly, Bud	
STREET ADDRESS	1 DORADO BEACH CT		STREET ADDRESS	1 Dorado Beach Ct.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHAN, LISA		NAME		
STREET ADDRESS	5 PALMETTO DUNES CT		STREET ADDRESS		
CITY-ST-ZIP	ORMOND Bch, FL 32174		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGSEN, DICK		NAME	Louis Pechmann	
STREET ADDRESS	12 OCEAN PINES DR		STREET ADDRESS	8 Palmetto Dunes Ct.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TINA		NAME		
STREET ADDRESS	4 INVERRAY CT.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Lisa Stephan</i>		Lisa Stephan		3/17/06 386673-2128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary/Treasurer		Date Daytime Phone #	