


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N45466</b> 1. Entity Name PINE TRAILS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 5 PALMETTO DUNES CT ORMOND BEACH, FL 32174	Mailing Address 5 PALMETTO DUNES CT ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

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  STEPHAN, LISA 5 PALMETTO DUNES CT ORMOND BEACH, FL 32174
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**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 Lisa Stephan, Secretary/Treasurer 01/08/2008  
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARILLA, ROY 5 DORADO BEACH CT ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNELLY, BUD 1 DORADO BEACH CT ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHAN, LISA 5 PALMETTO DUNES CT ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MANGSEN, DICK 12 OCEAN PINES DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SUNDBLAD, BRETT 5 OCEAN PINES DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80011-012 61.25

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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: Lisa Stephan, Secretary/Treasurer 01/08/2008 386-672-2128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #