

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90221 046 \*\*\*\*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**

**55640478**

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 ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEPHAN, LISA  
5 PALMETTO DUNES CT  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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

*Robert Carman*

**Robert Carman, President**

**3/17/03**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P D** ☐ Delete  
NAME **CARMEN, ROBERT**  
STREET ADDRESS **2 INVERRAY CT**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Delete  
NAME **IGNACIO, SUSAN**  
STREET ADDRESS **15 CYPRESS POINT COURT**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☒ Delete  
NAME **CROWDER, BUFORD**  
STREET ADDRESS **16 PALMETTO DUNES COURT**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **STD** ☐ Delete  
NAME **STEPHAN, LISA**  
STREET ADDRESS **5 PALMETTO DUNES CT**  
CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Jim Evans**  
STREET ADDRESS **6 Inverray Ct.**  
CITY-ST-ZIP **Ormond Bch, FL 32174**

TITLE **Board Member** ☐ Change ☒ Addition  
NAME **Bud Connolly**  
STREET ADDRESS **1 Dorado Beach Ct.**  
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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

*Robert Carman*  
**Robert Carman, President**

**3/17/03**

**356-673-4938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)