

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

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N95000001448

1. Entity Name
PINE AIR FOUNDATION, INC.



Principal Place of Business

**800 SEAGATE DR
STE 302
NAPLES, FL 34103**

Mailing Address

**21 E LONG LAKE ROAD STE 100
BLOOMFIELD HILLS, MI 48304**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-3482127

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARONOFF, JANET
800 SEAGATE DR STE 302
NAPLES, FL 34103**

**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 ARONOFF, DANIEL J
STREET ADDRESS 21 E LONG LAKE ROAD
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304

TITLE D
NAME ARONOFF, JANET
STREET ADDRESS 626 GULFSHORE BLVD SOUTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE D
NAME ARONOFF, ARNOLD Y
STREET ADDRESS 626 GULFSHORE BLVD SOUTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

ARNOLD Y. ARONOFF

Date

Daytime Phone #

4/9/07