


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 016 ****61.25

DOCUMENT # N96000001632	
1. Entity Name PINE TRACE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PINE TRACE HOA P.O. BOX 4314 DELTONA FL 32725	Mailing Address PINE TRACE HOA P.O. BOX 4314 DELTONA FL 32725
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
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4. FEI Number 59-3428967	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEMPSEY, CAROL F 1391 BROKEN PINE RD DELTONA FL 32725	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Carol F. Dempsey DATE 2/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD3 DEMPSEY, MIKE 1391 BROKEN PINE RD DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE <u>VD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>DEMPSEY, MIKE</u> <u>1391 BROKEN PINE RD</u> <u>ENTERPRISE, FL 32725</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEMPSEY, CAROL 1391 BROKEN PINE RD. DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE <u>TD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>DEMPSEY, CAROL</u> <u>1391 BROKEN PINE RD</u> <u>ENTERPRISE, FL 32725</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLL, TIM 1323 PINE SONG DR. DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE <u>SD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>COLL, TIM</u> <u>1323 PINE SONG DR</u> <u>ENTERPRISE, FL 32725</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <u>PD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>DAVID ALEXANDER</u> <u>1312 PINE SONG DR</u> <u>ENTERPRISE, FL 32725</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carol F. Dempsey DATE 2/22/07 PHONE 386/860-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR