

FILE NOW: FILING FEE IS \$61.25 *CR# 1016*

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001896 (6)**

1. Corporation Name

**PINE TRACE AT BINKS FOREST HOMEOWNERS' ASSOCIATI  
ON, INC.**

Principal Place of Business

Mailing Address

2541 METROCENTRE #1  
W PALM BEACH FL 33407

2541 METROCENTRE #1  
W PALM BEACH FL 33407

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

65-0756167

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 *28151 Shorewind Dr.*

26 *28151 Shorewind Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

City & State

City & State

23 *Boca Raton FL*

28 *Boca Raton FL*

Zip Country

Zip Country

24 *33408*

25

29 *33408*

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CENTREX REAL ESTATE CORPORATION  
2541 METROCENTRE #1  
W PALM BEACH FL 33407**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELMONT, MICHAEL J</b>	
STREET ADDRESS	<b>2541 METROCENTRE #1</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33407</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABRAHMS, DAVID</b>	
STREET ADDRESS	<b>2541 METROCENTRE #1</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33407</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>HAMMOND, LEONA</b>	
STREET ADDRESS	<b>2541 METROCENTRE #1</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33407</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Chris Ryan</b>	
1.3 STREET ADDRESS	<b>2541 Metrocentre Blvd. Ste 1</b>	
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kevin Borken hagen</b>	
2.3 STREET ADDRESS	<b>2541 Metrocentre Blvd. Ste 1</b>	
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

541-451-3899

CR2E037 (10/97)