

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

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90101 017 \*\*\*\*61.25



**DOCUMENT # N97000003586**  
 1. Entity Name  
**PINE TREE PARK LAKEFRONT PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business: 6385 7TH ST. VERO BEACH FL 32968 US  
 Mailing Address: 6385 7TH ST. VERO BEACH FL 32968 US

2. Principal Place of Business - No P.O. Box # *Same*  
 3. Mailing Address *Same*

Suite, Apt. #, etc. (both blank)

City & State (both blank)

Zip Country (both blank)



1st MOORE CR2E037 (10/06)

4. FEI Number **59-3485809** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KINGSLEY, GREGORY J**  
**6385 7TH STREET**  
**VERO BEACH FL 32968**

7. Name and Address of New Registered Agent  
 Name *N/A*  
 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 *N/A*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restructuring) DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: KINGSLEY, GREGORY STREET ADDRESS: 6385 7TH ST CITY - ST - ZIP: VERO BEACH FL 32968	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WATSON, GLENDA STREET ADDRESS: 6386 6TH ST CITY - ST - ZIP: VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Gregory J. Kingsley STREET ADDRESS: 6385 7th St. CITY - ST - ZIP: Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BANEK, SUE STREET ADDRESS: 6436 5TH PL CITY - ST - ZIP: VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Nancy Darling STREET ADDRESS: 6416 5th Pl. CITY - ST - ZIP: Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KOHLHEPP-COLLINS, PETER STREET ADDRESS: 6396 6TH PL. CITY - ST - ZIP: VERO BEACH FL 32968	<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
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:** *Gregory Kingsley* Gregory Kingsley 3/18/07 772-559-8875