

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45466

**Entity Name:** PINE TRAILS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5 PALMETTO DUNES CT  
ORMOND BEACH, FL 32174**Current Mailing Address:**5 PALMETTO DUNES CT  
ORMOND BEACH, FL 32174**FEI Number:** 59-2921404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEPHAN, LISA  
5 PALMETTO DUNES CT  
ORMOND BEACH, FL 32174 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, PRESIDENT  
Name CORDELL, WES  
Address 18 OCEAN PINES DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name CARMAN, BOB  
Address 2 INVERRAY COURT  
City-State-Zip: ORMOND BEACH FL 32174

Title STD  
Name STEPHAN, LISA  
Address 5 PALMETTO DUNES CT  
City-State-Zip: ORMOND BCH FL 32174

Title BM  
Name WARD, LAURA  
Address 7 PALMETTO DUNES COURT  
City-State-Zip: ORMOND BEACH FL 32174

Title BM  
Name WRENN, DANIEL  
Address 7 DORADO BEACH COURT  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA STEPHAN**SECRETARY TREASURER** 01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date