

2017 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	MISIEWICZ, WALTER
Address	4 CYPRESS POINT CT
City-State-Zip:	ORMOND BEACH FL 32174

Title	VP
Name	STEPHENSON, TOM
Address	8 PALMETTO DUNES 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	MANGSEN, DICK
Address	12 OCEAN PINES DR
City-State-Zip:	ORMOND BEACH FL 32174

Title	BM
Name	WARD, LAURA
Address	7 PALMETTO DUNES 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** 07/03/2017_____
Electronic Signature of Signing Officer/Director Detail_____
Date