

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730228 (4)

1. Corporation Name

PINE VALLEY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

Mailing Address

101 CLUBHOUSE BLVD. RR 1
NEW SMYRNA BCH FL 32168

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NEW SMYRNA BCH FL 32168

3. Date Incorporated or Qualified
07/16/1974

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1669287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, MINKE
300 SWEET BAY AVE
NEW SMYRNA BEACH FL 32168

81 Name

GILMORE J. F., JR.

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

547 BOTTLE BRUSH

83

84 City

NEW SMYRNA BEACH FL

85 Zip Code

32168

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

John F. Gilmore, Jr.
Signature typed or printed name of registered agent, if applicable.

JOHN F. GILMORE, JR., PRESIDENT

March 29, '96

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME ROBERTSON, W W
STREET ADDRESS 253 CLUBHOUSE BLVD
CITY-ST-ZIP NEW SMYRNA BCH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP FL 32168

TITLE DV DELETE
NAME GILMORE, J. I
STREET ADDRESS 547 BOTTLEBRUSH
CITY-ST-ZIP NEW SMYRNA BCH, FL 00000

2.1 TITLE Change Addition
2.2 NAME P D GILMORE, JOHN F., JR.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP FL 32168

TITLE PD DELETE
NAME CLARK, M
STREET ADDRESS 300 SWEETBAY AVE
CITY-ST-ZIP NEW SMYRNA BCH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT DELETE
NAME CODRINGTON, W.
STREET ADDRESS 200 SWEETBAY AVE
CITY-ST-ZIP NEW SMYRNA BCH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP FL 32168

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME DV WILLIAM ROWE
5.3 STREET ADDRESS 245 CLUBHOUSE BLVD.
5.4 CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or 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:

W. W. Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. W. ROBERTSON

March 21, '96 904-427-8111

Date

Daytime Phone #

CR2E037 (12/95)