

FILE NOW: FILING FEE IS \$61.25

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AND  
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1997 NOV 12 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 739987

1. Corporation Name

PINERIDGE II OWNERS ASSOC., INC.

Principal Place of Business

Mailing Address

GAINESVILLE, FLORIDA

7522 N.W. CR 236  
ALACHUA, FL.  
32615

3. Date Incorporated or Qualified

3a. Date of Last Report

8-24-1977

2. Principal Place of Business

2a. Mailing Address

21 Gainesville, FL

26 7522 N.W. CR 236

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N.W. 23 Terrace

27

City & State

City & State

23 Gainesville, FL

28 Alachua, FL

Zip

Country

Zip

Country

24 32663

25

29 32615

30

4. FEI Number

Applied For

59-1762892

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rockwell, James E.  
7522 N.W. CR 236  
ALACHUA, FL. 32615

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

*James E. Rockwell*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT/DIRECTOR ☐ DELETE

NAME JAMES E. ROCKWELL

STREET ADDRESS 7522 N.W. CR 236

CITY-ST-ZIP ALA, FL. 32615

TITLE D VP/SEC/DIRECTOR ☐ DELETE

NAME GEO. HUBER

STREET ADDRESS 830 NW 60 ST

CITY-ST-ZIP Gainesville, FL

TITLE D DIRECTOR/DIRECTOR ☐ DELETE

NAME HAVES ADAMS

STREET ADDRESS 2622-AB NW 48 ST

CITY-ST-ZIP GAINESVILLE FL. 32606

TITLE D SEC/DIRECTOR ☒ DELETE

NAME KENT WOODBURN

STREET ADDRESS 6023 N.W. 23 Ave

CITY-ST-ZIP Gainesville, FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

11 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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DIRECTOR ☐ Change ☒ Addition

HAVES ADAMS

2622-AB N.W. 43 ST

GAINESVILLE, FL. 32606

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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 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:

*James E. Rockwell*

Date

Daytime Phone #

CR2E037 (9/96)