

**FILE NOW: FILING FEE AFTER MAY 1, IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:25

DOCUMENT # **740595** (4)  
1. Corporation Name  
**PINE VISTA SOUTH HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business: 11455 S.W. 93 MIAMI FL 33176  
Mailing Address: 11455 S.W. 93 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1977  
3a. Date of Last Report: 07/01/1994

4. FEI Number: 59-2063399  
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. # etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent  
**PETER JACOBS  
11455 S.W. 93RD COURT  
MIAMI FL 33176**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: HAROLD B. LEVINE	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11355 S.W. 93 COURT	CITY, ST, ZIP: MIAMI FL 33176	12 NAME:	
TITLE: PD	NAME: RUBEN, SEOANES	13 STREET ADDRESS:	
STREET ADDRESS: 11555 SW 93 COURT	CITY, ST, ZIP: MIAMI FL 33176	14 CITY, ST, ZIP:	
TITLE: STD	NAME: PETER JACOBS	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11455 SW 93 CT.	CITY, ST, ZIP: MIAMI FL 33176	22 NAME:	
TITLE:	NAME:	23 STREET ADDRESS:	
TITLE:	NAME:	24 CITY, ST, ZIP:	
TITLE:	NAME:	25 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	26 NAME:	
TITLE:	NAME:	27 STREET ADDRESS:	
TITLE:	NAME:	28 CITY, ST, ZIP:	
TITLE:	NAME:	29 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	30 NAME:	
TITLE:	NAME:	31 STREET ADDRESS:	
TITLE:	NAME:	32 CITY, ST, ZIP:	
TITLE:	NAME:	33 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	34 NAME:	
TITLE:	NAME:	35 STREET ADDRESS:	
TITLE:	NAME:	36 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)(b), Florida Statutes. I further certify that the information indicated on the original 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, attached, or on an attached sheet with an address.

SIGNATURE: *Peter Jacobs*  
SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-95 (305) 542-7350  
DATE