

# 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 # **748558** (4)

1. Corporation Name

**THE PINES OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**1400 NEBRASKA AVE.  
FT PIERCE FL 34950  
US**

**1400 NEBRASKA DR.  
FT. PIERCE FL 34950  
US**

3. Date Incorporated or Qualified  
**08/17/1979**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

**59-2167724**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARTNETT, PEGGIE  
1458 N. LAWNWOOD CIR.  
SUITE 24-B  
FORT PIERCE FL 34950**

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 **PEGGIE HARTNETT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Peggie Hartnett*

**4/25/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HARTNETT, PEGGIE**  
STREET ADDRESS **1458 N. LAWNWOOD CIR., SUITE 24-B**  
CITY-ST-ZIP **FT. PIERCE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **SYBERT, LOYD**  
1.3 STREET ADDRESS **1440 N. LAWNWOOD CIR. #19-D**  
1.4 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **VD** ☐ DELETE  
NAME **SYBERT, LLYOD**  
STREET ADDRESS **1440 N LAWNWOOD CIR 19-D**  
CITY-ST-ZIP **FOTR PIERCE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **HARTNETT, PEGGIE**  
2.3 STREET ADDRESS **1458 N LAWNWOOD CIR # 24-B**  
2.4 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **STD** ☐ DELETE  
NAME **HUFF, MICHAEL N.**  
STREET ADDRESS **4319 THOUSAND PINES DR.**  
CITY-ST-ZIP **FT. PIERCE FL**

3.1 TITLE **STD** ☐ Change ☐ Addition  
3.2 NAME **HUFF, MICHAEL N**  
3.3 STREET ADDRESS **4319 THOUSAND PINES DR**  
3.4 CITY-ST-ZIP **FORT PIERCE FL 34981**

TITLE **D** ☐ DELETE  
NAME **DRYDEN, NANCY**  
STREET ADDRESS **1302 NEBRASKA AVE., SUITE 14-B**  
CITY-ST-ZIP **FT. PIERCE FL**

4.1 TITLE **D** ☐ Change ☐ Addition  
4.2 NAME **DRYDEN, NANCY**  
4.3 STREET ADDRESS **1302 NEBRASKA AVE # 14-B**  
4.4 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **D** ☒ DELETE  
NAME **ROSS, LAWRENCE A.**  
STREET ADDRESS **4680 N.E. SANDPEBBLE TRACE, SUITE 405**  
CITY-ST-ZIP **STUART FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **REODICA, ANDRE**  
5.3 STREET ADDRESS **6780 N W ABIGAIL AVENUE**  
5.4 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☒ DELETE  
NAME **SYBERT, LOYD**  
STREET ADDRESS **1440 N. LAWNWOOD CIR., SUITE 19-D**  
CITY-ST-ZIP **FT. PIERCE FL**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **HARTSFIELD, JERRY**  
6.3 STREET ADDRESS **1302 NEBRASKA AVE #11-D**  
6.4 CITY-ST-ZIP **FORT PIERCE FL 34950**

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 1360.001, 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:

*Lloyd N. Sybert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/96 401-489-0594**

Daytime Phone #

CR2E037 (12/95)