NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 759695

1. Corporation Name

(0)

I ONE PINE	ESTATES	HOMEOWNERS'	ASSOCIATION.	INC.

Principal Place of Business Mailing Address						I EBBJO IDDOL BOLLD JOHIC OFFICE OBJOL BOLL GEOLE DIBLE DIBLE DIBLE DIBLE DOLL BOOK		
P.O. BOX 9573 P.O. BOX 9573 RIVIERA BEACH FL 33419-9573 RIVIERA BEACH FL 33419-		9573						
					3. Date Incorporated or Qualified 08/19/1981	3a. Date of Last Report 04/18/1995		
	ace of Business	2a. Mailing Address			4. FEI Number 65-0064325	Applied For		
21			26		00-0004323	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zφ	Country	Zip	Country		8. This corporation has liability for int			
24	25		30			Yes ☑ No		
	9. Name and Address of Curren	t Registered Agent		I''	10. Name and Address of New Reg	gistered Agent		
			81	Name				
	TUART B		82	Street	Address (P.O. Box Number is Not Acceptable)			
1551 FORUM PLACE, SUITE 400-B			83	02				
WEST PA	ALM BEACH FL 33401		63					
			84	City		FL 85 Zip Code		
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-i	l named c	orporation submits this statement for the purpo	ose of changing its registered office		
or register	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	da. Such change was authorized.	by the corp	oration's	board of directors. I hereby accept the appoir	ntment as registered agent. I am		
SIGNATURE	, e 2000p =g							
	Silgnature, typed or printed name of registered agent			it signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO DEFICE	·		
THILE	「PD HARDY, RUTH CANT	ERBURY DRIS,	1.1 TITLE			Change Addition		
NAME	2542 GANTERBERRY DR S	erouny picis,	1.2 NAME	LEDDESS				
STREET ADDRESS	WEST PALM BEACH FL			ADDRESS				
CITY+ST+ZIP TITLE	VD VD	DELETE	1.4 CITY - S 2.1 THLE	st - ZIP	Vρ Jim Jurgensen	Riche dition		
NAME	BOTTOMS, WARREN	A	2.2 NAME		2560 Canterbury	Dec No.		
STREET ADDRESS	2527 WESTCHESTER DR		2 3 STREET	ADDRESS	West Palm Beach,	Dr. North		
CITY-ST-ZIP	WEST PALM BEACH FL		2 4 OTY-		"csc raim beach,	F1. 33407		
TITLE	SD	DELETE	3 1 TITLE			☐ Change ☐ Addition		
NAME	SHERMAN, JANE ELLEN		3.2 NAME					
STREET ADDRESS	2545 CANTERBEURY DR S	ianterbury Drs	3 3 STREET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CiTY-	ST - ZIP				
TITLE	TD	DELETE	4 1 TITLE			☐ Change ☐ Addition		
NAME	KNAPP, CLARK		4 2 NAME					
STHEET ADORESS	2540 WESTCHESTER DR		4 3 STREET					
CITY - SI - ZIP	W. PALM BCH FL	Don ere	4.4 CITY - S	ST - ZIP		Tod ot □ kaane		
TITLE	D LOVELESS LADITA	DELETE	5 1 TITLE		D Stuart Vogel	Addition 🗆 Addition		
NAME	LOVELESS, LARUA 2546 WESTCHESTER DR		5 2 NAME		2553 Westchester D	rive		
STREET ADORESS	WEST PALM BEACH FL			ADDRESS	West Palm Beach, F	1. 33407		
CITY-ST-ZIP TITLE	TILOT FALM DENOTIFE	DELETE	5 4 CITY - 9 6 1 TITLE) I - ZIP	•	I Whange Addition		
NAME		Deter	6 2 NAME		Jack Fuller			
STREET ADDRESS				T ADDRESS	2542 Canterbury Dr	North		
STATEL ADDRESS			n a SINCE	WORDE 22	West Palm Beach, F	7) 33407		

CITY-ST-ZIP West Palm Beach, F1. 33407

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 I he 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: _

SEMATURE AND PRES OF PARISED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 Date

683-350/ Daytime Phone # CR2E037 (12/