

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 # 763642 (6)  
1. Corporation Name  
PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
6872 TIMBER PINES BLVD.  
SPRING HILL FL 34606 6872 TIMBER PINES BLVD.  
SPRING HILL FL 34606

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1982		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2209023		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEIBBACHER, ALBERT R. 6872 TIMBER PINES BLVD. SPRING HILL FL 34606				81 Name HOUSER, DON			
				82 Street Address (P.O. Box Number is Not Acceptable) 2136 FORESTER WAY			
				83			
				84 City Spring Hill FL 85 Zip Code 34606			

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 Donald C. Houser 4-26-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LEIBBACHER, ALBERT R.	1.2 NAME	HOUSER, DON
STREET ADDRESS	6872 TIMBER PINES BLVD.	1.3 STREET ADDRESS	2136 FORESTER WAY
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL FL 34606
TITLE	VD	2.1 TITLE	VD
NAME	DILGER, ALBERT	2.2 NAME	EMANUEL, WILLIAM
STREET ADDRESS	6872 TIMBER PINES BLVD.	2.3 STREET ADDRESS	2215 FORESTER WAY
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	S.H. FL 34606
TITLE	D	3.1 TITLE	D
NAME	NORIDGE, RUTH	3.2 NAME	BRACKETT, WILLIAM
STREET ADDRESS	6872 TIMBER PINES BLVD.	3.3 STREET ADDRESS	2152 FORESTER WAY
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	S.H. FL 34606
TITLE	VD	4.1 TITLE	D
NAME	KUNKEL, JOHN	4.2 NAME	DILGER, ALBERT
STREET ADDRESS	6872 TIMBER PINES BLVD.	4.3 STREET ADDRESS	6432 NATURE PRESERVE LANE
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	S.H. FL 34606
TITLE	SD	5.1 TITLE	
NAME	CLARK, ELEANOR	5.2 NAME	
STREET ADDRESS	6872 TIMBER PINES BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	LICK, RALPH J.	6.2 NAME	
STREET ADDRESS	6872 TIMBER PINES BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	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: Donald C. Houser 4/26/96 352-683-8447  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)