

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 5:56

DOCUMENT # 766191 (1)

1. Corporation Name
PINE RIDGE PALMS ASSOCIATION, INC.

Principal Place of Business Mailing Address
16300 PINE RIDGE ROAD FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1982	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2346032	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

**KUPFER, ADELINE J.
16300 PINE RIDGE ROAD
FORT MYERS FL 33908**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	KUPFER, ADELINE J.
STREET ADDRESS	16300 PINE RIDGE RD, W-24
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	GADDIS, GEORGE
STREET ADDRESS	16300 PINE RIDGE RD., T-5
CITY-ST-ZIP	FT. MYERS FL
TITLE	S
NAME	DUGAR, VINCENT
STREET ADDRESS	16300 PINE RIDGE RD., #X-13
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	VARNEY, JAMES
STREET ADDRESS	16300 PINE RIDGE RD S-3
CITY-ST-ZIP	FT. MYERS FL
TITLE	VP
NAME	MORAN, JOSEPH
STREET ADDRESS	16300 PINE RIDGE RD.
CITY-ST-ZIP	FT. MYERS FL
TITLE	P
NAME	CAROTHERS, JOHN C
STREET ADDRESS	16300 PINE RIDGE RD, W-16
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D GILMORE, DONALD J.
2.3 STREET ADDRESS	16300 PINE RIDGE RD, Y-31
2.4 CITY-ST-ZIP	FT. MYERS, FL 33908
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S KENNI BUGH, ROBERT
3.3 STREET ADDRESS	16300 PINE RIDGE RD, Y-28
3.4 CITY-ST-ZIP	FT. MYERS, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME
6.3 STREET ADDRESS	
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C. Carothers, President 3-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN C. CAROTHERS, President

SEE APPENDIX A

PINE RIDGE PALMS ASSN., INC.

16300 Pine Ridge Road
Fort Myers, FL 33908

813-466-2707

766191

APPENDIX A

Additions to Officers & Directors

D

Deall, Robert L.
16300 Pine Ridge Road, S-15
Ft. Myers, FL 33908