

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
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DOCUMENT # 766191 (1) 1. Corporation Name PINE RIDGE PALMS ASSOCIATION, INC.
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Principal Place of Business 16300 PINE RIDGE ROAD FORT MYERS FL 33908	Mailing Address 16300 PINE RIDGE ROAD FORT MYERS FL 33908
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/17/1982	3a. Date of Last Report 04/03/1995
4. FEI Number 59-2346032	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 KINNIBURGH, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 16300 Pine Ridge Road, Y-28 83 84 City Fort Myers, FL 85 Zip Code 33908
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11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 *Robert Kinniburgh* **Robert Kinniburgh, Treasurer**
(NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KUPPER, ADELINE J.	
STREET ADDRESS	16300 PINE RIDGE RD, W-24	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILMORE, DONALD J	
STREET ADDRESS	16300 PINE RIDGE RD., Y-31	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KINNIBAUGH, ROBERT	
STREET ADDRESS	16300 PINE RIDGE RD., Y-28	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARNEY, JAMES	
STREET ADDRESS	16300 PINE RIDGE RD S-3	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORAN, JOSEPH	
STREET ADDRESS	16300 PINE RIDGE RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KINNIBURGH, ROBERT	
1.3 STREET ADDRESS	16300 Pine Ridge Road, Y-28	
1.4 CITY-ST-ZIP	Fort Myers, FL 33908	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GOODMAN, SHIRLEY	
3.3 STREET ADDRESS	16300 Pine Ridge Road, U-18	
3.4 CITY-ST-ZIP	Fort Myers, FL 33908	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LOTICH, JUNE	
6.3 STREET ADDRESS	16300 Pine Ridge Road, V-11	
6.4 CITY-ST-ZIP	Fort Myers, FL 33908	

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: *June Lotich* (941) 466-2707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUNE LOTICH, President
 Daytime Phone #
 See Appendix A

CR2E037 (12/95)

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PINE RIDGE PALMS ASSN., INC.

16300 Pine Ridge Road
Fort Myers, FL 33908

813-466-2707

APPENDIX A

D

TRIPP, Samuel

16300 Pine Ridge Road, S-6
Fort Myers, FL 33908