

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 766191 (1)

1. Corporation Name
PINE RIDGE PALMS ASSOCIATION, INC.



Principal Place of Business: 16300 PINE RIDGE ROAD FORT MYERS FL 33908
Mailing Address: 16300 PINE RIDGE ROAD FORT MYERS FL 33908-3515

3. Date Incorporated or Qualified: 12/17/1982
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

4. FEI Number: 59-2346032
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KINNIBURGH, ROBERT
16300 PINE RIDGE ROAD Y-28
FT MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name: Samuel A. Tripp
82 Street Address (P.O. Box Number is Not Acceptable): 16300 Pine Ridge Rd S-6
83 City: Fort Myers, FL
84 Zip Code: 33908

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: Samuel A. Tripp, Secretary
DATE: 3/19/97

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KINNIBURGH, ROBERT	
STREET ADDRESS	16300 PINE RIDGE ROAD, Y-28	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" 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	GOODMAN, SHIRLEY	
STREET ADDRESS	16300 PINE RIDGE ROAD U-18	
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 checked="" 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	LOTICH, JUNE	
STREET ADDRESS	16300 PINE RIDGE ROAD, V-11	
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	DeJong, John	
1.3 STREET ADDRESS	16300 Pine Ridge Rd U-15	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Horner, Jim	
2.3 STREET ADDRESS	16300 Pine Ridge Rd W-8	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tripp, Samuel A.	
3.3 STREET ADDRESS	16300 Pine Ridge Rd S-6	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Moran, Joseph	
4.3 STREET ADDRESS	16300 Pine Ridge Rd Y-22	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lotich, June	
5.3 STREET ADDRESS	16300 Pine Ridge Rd V-11	
5.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Goodman, Shirley	
6.3 STREET ADDRESS	16300 Pine Ridge Rd U-18	
6.4 CITY-ST-ZIP	Ft. Myers, FL 33908	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shirley Goodman, President
DATE: 3/19/97

CR2E037 (9/96)