

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90021 028 ****61.25

DOCUMENT # 766191

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

12/17/1982

4. FEI Number

59-2346032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TRIPP, SAMUEL A
16300 PINE RIDGE ROAD
S-6
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name Adeline J. Kupfer
82 Street Address (P.O. Box Number is Not Acceptable) 16300 Pine Ridge Rd, W-24
83
84 City FT. Myers FL 85 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: *Adeline Kupfer* (Adeline J. Kupfer) DATE: 5/24/99
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	DEJONG, JOHN	
STREET ADDRESS	16300 PINE RIDGE ROAD U-15	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORNER, JIM	
STREET ADDRESS	16300 PINE RIDGE ROAD W-8	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRIPP, SAMUEL A	
STREET ADDRESS	16300 PINE RIDGE RD S-6	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN JOSEPH	
STREET ADDRESS	16300 PINE RIDGE ROAD Y-22	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOTICHM JUNE	
STREET ADDRESS	16300 PINE RIDGE ROAD V-11	
CITY-ST-ZIP	FT.MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOODMAN, SHIRLEY	
STREET ADDRESS	16300 PINE RIDGE ROAD U-18	
CITY-ST-ZIP	FT MEYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allen, Jack	
1.3 STREET ADDRESS	16300 Pine Ridge Rd, X-7	
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	Carter Paul	
2.3 STREET ADDRESS	16300 Pine Ridge Rd. Y-9	
2.4 CITY-ST-ZIP	FT. Myers, FL 33908	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McGrath, John	
3.3 STREET ADDRESS	16300 Pine Ridge Rd., S-23	
3.4 CITY-ST-ZIP	FT. Myers, FL 33908	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kupfer Adeline J.	
4.3 STREET ADDRESS	16300 Pine Ridge Rd. W-24	
4.4 CITY-ST-ZIP	FT. Myers, FL 33908	
5.1 TITLE	VP Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McRoy, Paul	
5.3 STREET ADDRESS	16300 Pine Ridge Rd. X-15	
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	Dejong, John	
6.3 STREET ADDRESS	16300 Pine Ridge Rd U-15	
6.4 CITY-ST-ZIP	FT Myers, FL 33908	

14. I 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, with all other like empowered.

SIGNATURE: *Adeline Kupfer* DATE: 5/24/99 Daytime Phone #: 941-4662707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0059024

CR2E037 (1/98)