

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J49276

(5)

1. Corporation Name

PINEBROOK MANOR, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 2:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **29656 US 19 NO
STE 100
CLEARWATER FL 34621
US**

Mailing Address: **29656 US 19 NO
STE 100
CLEARWATER FL 34621
US**

3. Date Incorporated or Qualified: **12/30/1986** 3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **59-2749685** Applied For: ☐ Not Applicable: ☐

21. Suite, Apt. # etc.: **22** 26. Suite, Apt. # etc.: **27**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

22. City & State: **23** 27. City & State: **28**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

23. City & State: **24** 28. City & State: **29**

8. This corporation has liability for intangible tax under § 190.032, Florida Statutes: ☐ Yes ☐ No

24. City & State: **25** 29. City & State: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, DANIEL N. ESQ.
8406 MASSACHUSETTS AVE
SUITE B1
NEW PORT RICHEY FL 33552**

81. Name: **FL** 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0402 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 607.0402, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: ☐ Change ☐ Addition

NAME: **VPD
MINIERI, CARL
29656 US 19 NO, STE 100
CLEARWATER FL**

1. NAME: ☐ Change ☐ Addition

NAME: **PD
MINIERI, CARL N
29656 US 19 NO, STE 100
CLEARWATER FL**

2. NAME: ☐ Change ☐ Addition

NAME: **STD
JACKSON, JANEAN
29656 US 19 NO, STE 100
CLEARWATER FL**

3. NAME: **S
ROTUNNO, DOROTHY
29656 US HWY 19 N #100
CLEARWATER FL 34621-1523** ☒ Change ☐ Addition

NAME: **NAME**

4. NAME: ☐ Change ☐ Addition

NAME: **NAME**

5. NAME: ☐ Change ☐ Addition

NAME: **NAME**

6. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(1)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this form, or on an attached sheet with an address.

SIGNATURE

Dorothy Rotunno *VPD* *4-27-95* *513-297-3111*

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR