

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 24 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02457** (2)

1. Corporation Name

**PINEBROOK TOWNE HOUSE ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O PCM OF FLORIDA  
801 W. BAY DRIVE, SUITE #304  
LARGO FL 34640-3243

10033 9TH ST. N.  
2ND FLOOR  
ST PETERSBURG FL 33716  
US

3. Date Incorporated or Qualified **04/10/1984** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2478096** Applied For  Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **c/o Rampart Properties**

26

22 **1003 9th St N**

27

23 **St Petersburg FL**

28

24 **33714** 25 **US**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMPART PROPERTIES  
10033 9TH STREET N.  
2ND FLOOR  
ST PETERSBURG FL 33716**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>HOLSTEIN, DIANE</b>
STREET ADDRESS	<b>8217 127 LANE N</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>
TITLE	<b>ST</b>
NAME	<b>MAJOR, AL</b>
STREET ADDRESS	<b>6761-F 121ST AVE N</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>VD</b>
NAME	<b>SLATER, LEE</b>
STREET ADDRESS	<b>6730 121 AVE N 8</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>CANNARELLA, PAULA</b>
STREET ADDRESS	<b>6750 121 AVE N #1</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>PD</b>
NAME	<b>HARRIS, JACK</b>
STREET ADDRESS	<b>6641-F 121 AVE N</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>L'Abbe, Carol</b>
1.3 STREET ADDRESS	<b>6620-5 121st Avenue North</b>
1.4 CITY - ST - ZIP	<b>Largo, Fl</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Delete</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S/T/D</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(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:

*[Signature]*  
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**4/4/95**  
Date

**577-2200**  
Telephone Number