## FILE NOW: FILING FEE IS \$61.25

## RECEIVED FEB

**FILED** 

May 20 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 # N02457

(2)

## PINEBROOK TOWNE HOUSE ASSOCIATION, INC.

LINEOU	IOOK TO	WINE HOUSE A	JOOUINI IOI4, III									
Principat Place	e of Busines	S	Mailing Addi	ess				ı şadışıdı dir dalın iləli dedir delik de	DE BERTE BERTE BER	I MIRIT HINI	II OPOLI IEE!	
C/O RAMPART 10033 9TH ST. ST. PETERSBUR	N.	i	2ND FLOOR ST PETERSBU	ST PETERSBURG FL 33716-3804			Date Incorporated or Qualified	3a. Date of	l ast Re	mort		
US			US	US			04/10/1984		04/199			
2. Principal Pl	lace of Busin	ness	2a. Mailing A	2a. Mailing Address 26				4. FEI Number Applied For 59-2478096 Not Applical				
Suite, Apt	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	□ <b>\$</b>	B.75 A		
City & State	0			City & State				6. Election Campaign Financing	5	5.00 N	May Be	
23			28					Trust Fund Contribution		Added to		
Zıp	· — ·		ļ			untry		8. This corporation has liability for intangible tax under s. 199.032,				
24	0. \$1	25 25 Cu	29		30			, , , , , , , , , , , , , , , , , , , ,	Yes N			
	9. Warne	and Address of Cui	rrent Registered Age	ļu.	81	Nam	ıe	10. Name and Address of New Re	installed What	ir		
DAMEDAD	ד ממממנים	TIEC			82							
	it proper Th street						et Addres	Address (P.O. Box Number is Not Acceptable)				
2ND FLC	OOR						***************************************					
ST PETE	rsburg i	FL 33716					**		FL 8	Zip C	ode	
11. Pursuant	to the provis	ions of Sections 617.	0502 and 617.1508, F	lorida Statutes	s, the abov	e-name	ed corpo	ration submits this statement for the p		nging its	registered	
office or r agent. I a	egistered ag m familiar w	gent, or both, in the S ith, and accept the ol	tate of Florida. Such o bligations of, Section (	hange was au 317.0503, Flor	ithorized b ida Statute	y the co s.	orporatio	ration submits this statement for the p n's board of directors. I hereby accep	t the appointn	nent as r	egistered	
SIGNATURE		,										
	Signature, types	or printed name of registerer		(NOTE:		ent signal	ure required	when reinstating)	DATE			
12.		OFFICERS	AND DIRECTORS	DC: CTC	13.		- T-A-	ADDITIONS/CHANGES TO OFFIC			A	
TITLE	<del>√0</del> →		4	DELETE	1.1 TITLE		D	na Frank	ا ابن	Change	Addition	
NAME		AU, DAWNA			1.2 NAME		110	050 914 STI N.				
STREET ADDRESS	-10030 9				1.3 STREE		37	_			1	
CITY-ST-ZIP TITLE	STD	ERSBURG FL.		DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	उत्त		DX1	Change	Addition	
		TYNE, BARBARA	9	A DEFEAT	1			oth Jansen	י עבאַ	District	C. Addition	
NAME		THIST N			2.2 NAME		1	bee outisete			-	
STREET ADDRESS		ERSBURG FL			2.3 STREE		°					
CITY+ST-ZIP TITLE	PD	LNODONG FL	5	DELETE	2. 4 CITY- 3.1 TITLE	51-28	<del>  ^</del>		<b>X</b> .	Change	Addition	
NAME	HARRIS	-HACK	4		3.2 NAME		16.	C 11-		go	tad / localism	
STREET ADDRESS		TH ST N			3.3 STREET ADDRESS			riene Guidry				
EITY-ST-ZIP		ERSBURG FL			3.4. CITY-		<b>"</b>				Ì	
TITLE	OI I LI	LITODONG 1 E		DELETE	4.1 TITLE	31-ZIF	VD			Change	Addition	
NAME			_	_	4. 2 NAME		Gas	u Julian .		-		
STREET ADDRESS					4.3 STREE		s 100	33 9th St. N.			İ	
CITY-ST-ZIP					4.4 CITY-			Februshuma, FL			Ï	
TITLE		······ , · · · · · · · · · · · · · · ·	L	DELETE	51 TITLE		TE	)		Change	Addition	
NAME					5.2 NAME		Ric	hard Parascondola	,			
STREET ADDRESS					5.3 STREE	T ADDRES	s lon	hard Parascondola 33 9th St. N.				
CITY-ST-ZIP					5.4 CITY-		54	· Petersburg, FL			ì	
TIFLE				DELETE	6.1 TITLE		D	3/1		Change	Addition	
NAME					6.2 NAME			tor Adamo.	:			
STREET ADDRESS					6.3 STREE	T ADDRES		33 9th St. N.				
CITY CT 200					C 4 CITY	מול דם	4	Oakerburg FL				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)ft). 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** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DINECTOR

413/97

Daytime Prione + 0051211