

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 17, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03381 (3)**  
1. Corporation Name  
**PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>11322 ROHRMAN DR PORT RICHEY FL 34668 US</b>	Mailing Address <b>11322 ROHRMAN DR PORT RICHEY FL 34668 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1984</b>	3a. Date of Last Report <b>02/28/1995</b>
21 <b>6615 CATHY DR</b>	26 <b>6615 CATHY DR</b>	4. FEI Number <b>59-2482965</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State <b>Port Richey FL</b>	27 City & State <b>Port Richey FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip <b>34668</b>	25 Country <b>US</b>	29 Zip <b>34668</b>	30 Country <b>US</b>		

9. Name and Address of Current Registered Agent <b>WESTERFIELD, JOHN 11322 ROHRMAN DR PORT RICHEY FL 34668</b>				10. Name and Address of New Registered Agent		
				B1 Name <b>NANCY DAVIS</b>		
				B2 Street Address (P.O. Box Number is Not Acceptable) <b>6615 CATHY DRIVE</b>		
				B3		
				B4 City <b>Port Richey</b>	FL	B5 Zip Code <b>34668</b>

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 **Nancy A Davis** **Sec/Treas** **Nancy A Davis** **4/8/96**  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Regs need Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <b>P</b>	NAME <b>COURNEYA, MARTIN</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>6514 RUTH DR</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>			1.2 NAME			
TITLE <b>VP</b>	NAME <b>ENDICOTT, CECIL</b>	<input type="checkbox"/> DELETE		1.3 STREET ADDRESS			
STREET ADDRESS <b>6519 ELEANOR DR</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>			1.4 CITY-ST-ZIP			
TITLE <b>S</b>	NAME <b>DANDURANT, DENINE</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>6527 RUTH DR</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>			2.2 NAME			
TITLE <b>T</b>	NAME <b>WESTERFIELD, JOHN</b>	<input checked="" type="checkbox"/> DELETE		2.3 STREET ADDRESS			
STREET ADDRESS <b>11322 ROHRMAN DR</b>	CITY-ST-ZIP <b>PORT RICHEY FL</b>			2.4 CITY-ST-ZIP			
TITLE <b>D</b>	NAME <b>WILCOX, CLARENCE</b>	<input type="checkbox"/> DELETE		3.1 TITLE <b>SECRETARY / TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>6615 CATHY DR</b>	CITY-ST-ZIP <b>PT RICHEY FL</b>			3.2 NAME <b>NANCY DAVIS</b>			
TITLE <b>D</b>	NAME <b>BERT, RAY</b>	<input type="checkbox"/> DELETE		3.3 STREET ADDRESS <b>6615 CATHY DR</b>			
STREET ADDRESS <b>11314 ROHRMAN DR</b>	CITY-ST-ZIP <b>PT RICHEY FL</b>			3.4 CITY-ST-ZIP <b>PORT RICHEY FL 34668</b>			
TITLE	NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP			4.2 NAME			
TITLE	NAME			4.3 STREET ADDRESS			
STREET ADDRESS	CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP			5.2 NAME			
TITLE	NAME			5.3 STREET ADDRESS			
STREET ADDRESS	CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP			6.2 NAME			
TITLE	NAME			6.3 STREET ADDRESS			
STREET ADDRESS	CITY-ST-ZIP			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 119.07(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: **Nancy A Davis** **4/8/96** **813-868-3567**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)