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



Principal Place of Business Mailing Address
**6615 CATHY DRIVE
PORT RICHEY FL 34668
US** **6615 CATHY DRIVE
PORT RICHEY FL 34668-1399
US**

3. Date Incorporated or Qualified **06/01/1984** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2482965** Applied For
21 *Same as above* 26 Suite, Apt. #, etc. Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**DAVIS, NANCY
6615 CATHY DRIVE
PORT RICHEY FL 34668**
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 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 G. Davis* DATE: **2/10/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURNEYA, MARTIN	1.2 NAME	
STREET ADDRESS	6514 RUTH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDICOTT, CECIL	2.2 NAME	
STREET ADDRESS	6519 ELEANOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NANCY	3.2 NAME	
STREET ADDRESS	6615 CATHY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, CLARENCE	4.2 NAME	
STREET ADDRESS	6615 CATHY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERT, RAY	5.2 NAME	
STREET ADDRESS	11314 ROHRMAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Nancy G. Davis* *Nancy A. Davis* DATE: **2/10/97** 813-573-1131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0088370

CR2E037 (9/96)