

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N07707 (5)**

1. Corporation Name

**PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM AS  
SOCIATION, INC.**



Principal Place of Business

**4801 LAKESIDE CLUB BLVD SE  
FT MYERS FL 33905**

Mailing Address

**4801 LAKESIDE CLUB BLVD SE  
FT MYERS FL 33905**

3. Date Incorporated or Qualified  
**02/19/1985**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

**59-2534823**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEBOEST, SR. R  
1415 HENDRY STREET  
P. O. BOX 1480  
FT. MYERS FL 33902**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | SD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | CONNALLY, PATRICIA         |  |
| STREET ADDRESS | 9611-3 GREEN CYPRESS LN    |  |
| CITY-ST-ZIP    | FT MYERS FL                |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | MITCHELL, ROGER            |  |
| STREET ADDRESS | 4630 BLACKBERRY DRIVE      |  |
| CITY-ST-ZIP    | FT MYERS FL                |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | SPARKS, CHARLES            |  |
| STREET ADDRESS | 4681-12 LAKESIDE CLUB BLVD |  |
| CITY-ST-ZIP    | FT MYERS FL                |  |
| TITLE          | PD                         | <input type="checkbox"/> DELETE            |
| NAME           | NORA HARMON                |  |
| STREET ADDRESS | 4743 BLACKBERRY DRIVE      |  |
| CITY-ST-ZIP    | FT. MYERS FL               |  |
| TITLE          | VD                         | <input type="checkbox"/> DELETE            |
| NAME           | WALLACE GRIFFITHS          |  |
| STREET ADDRESS | 9502 GREEN CYPRESS LANE    |  |
| CITY-ST-ZIP    | FT. MYERS FL               |  |
| TITLE          | TD                         | <input type="checkbox"/> DELETE            |
| NAME           | DONALD TOBER               |  |
| STREET ADDRESS | 9616 WINDSOR CLUB CIR      |  |
| CITY-ST-ZIP    | FT. MYERS FL               |  |

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | VPD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | CONNALLY, JOHN              |  |
| 1.3 STREET ADDRESS | 9611-3 GREEN CYPRESS LN     |  |
| 1.4 CITY-ST-ZIP    | FORT MYERS, FL              |  |
| 2.1 TITLE          | T/D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | RONALD DEFEO                |  |
| 2.3 STREET ADDRESS | 9610-14 GREEN CYPRESS LN SE |  |
| 2.4 CITY-ST-ZIP    | FORT MYERS, FL 33905        |  |
| 3.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | HOUSTON, KENNETH            |  |
| 3.3 STREET ADDRESS | 4762 BLACKBERRY DR SE       |  |
| 3.4 CITY-ST-ZIP    | FORT MYERS, FL 33905        |  |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |  |
| 4.3 STREET ADDRESS |                             |  |
| 4.4 CITY-ST-ZIP    |                             |  |
| 5.1 TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                             |  |
| 5.3 STREET ADDRESS |                             |  |
| 5.4 CITY-ST-ZIP    |                             |  |
| 6.1 TITLE          | SD                          | <input checked="" 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 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:

*Ronald DeFeto*

**TREASURER**

14-9-96

1996-693-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)