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FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33905-53053. Date Incorporated or Qualified
02/19/19853a. Date of Last Report
04/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2534823

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CONNALLY, JOHN	
STREET ADDRESS	9611-3 GREEN CYPRESS LN.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RONALD DEFEQ	
STREET ADDRESS	9610-14 GREEN CYPRESS LN. SE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOUSTON, KENNETH	
STREET ADDRESS	4762 BLACKBERRY DR. SE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NORA HARMON	
STREET ADDRESS	4743 BLACKBERRY DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE GRIFFITHS	
STREET ADDRESS	9502 GREEN CYPRESS LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DONALD TOBER	
STREET ADDRESS	9616 WINDSOR CLUB CIR	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700002065627	
3.3 STREET ADDRESS	-01/23/97--01010--028	
3.4 CITY-ST-ZIP	***61.25	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARL PYATT	
4.3 STREET ADDRESS	9650-9 GREEN CYPRESS LANE	
4.4 CITY-ST-ZIP	FT MYERS, FL 33905	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TERRIE BERLINER	
5.3 STREET ADDRESS	9540-24 GREEN CYPRESS LANE	
5.4 CITY-ST-ZIP	FT MYERS, FL 33905	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHN BUTRICK	
6.3 STREET ADDRESS	9601-A WINDSOR CLUB CIRCLE	
6.4 CITY-ST-ZIP	FT MYERS, FL 33905	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. W. [Signature]

Date

Daytime Phone # 0056005

CR2E037 (9/96)