

**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 # N13683 (0)**

1. Corporation Name  
**PINE RIDGE AT SUGAR CREEK VILLAGE I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4800 MILE STRETCH  
P O BOX 3370  
HOLIDAY FL 34690  
US**

Mailing Address  
**4800 MILE STRETCH  
P O BOX 3370  
HOLIDAY FL 34690  
US**

3. Date Incorporated or Qualified **03/04/1986**      3a. Date of Last Report **03/31/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0014689</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**REIMER, FREDERICK  
4800 MILE STRETCH  
HOLIDAY FL 34690**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTCH, ARTHUR</b>	1.2 NAME	
STREET ADDRESS	<b>13128 CYPRESS HILL DRIVE B</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAHAN, HENRIETTA</b>	2.2 NAME	
STREET ADDRESS	<b>13103 CYPRESS HILL DR E1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSER, GORDON</b>	3.2 NAME	
STREET ADDRESS	<b>12200 FOX CHASE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELFIELD, LESLIE</b>	4.2 NAME	<b>Secretary / Director</b>
STREET ADDRESS	<b>12218 FOX CHASE DR D2</b>	4.3 STREET ADDRESS	<b>MARINO, Michael</b>
CITY-ST-ZIP	<b>HUDSON FL</b>	4.4 CITY-ST-ZIP	<b>12218 Fox Chase Dr. A1 HUDSON, FL 34669</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CITTA, ANTHONY</b>	5.2 NAME	
STREET ADDRESS	<b>13203 CYPRESS HILL DRIVE A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/96*

*Arthur Sutch*

Date

Daytime Phone #

CR2E037 (12/95)