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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 # N29728 (5)

1. Corporation Name

PINE VIEW FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O LAURA ROBERTS
2951 CLARK RD
SARASOTA FL 34231
USC/O LAURA ROBERTS
2951 CLARK RD
SARASOTA FL 34231-6221
US3. Date Incorporated or Qualified
12/15/19883a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 2621 Mall Dr

2a. Mailing Address

26 2621 Mall Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34231

Country

25 USA

Zip

29 34231

Country

30 USA

4. FEI Number

65-0119187

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

10. Name and Address of New Registered Agent

ROBERTS, LAURA
2951 CLARK ROAD
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2621 Mall Dr

83

84 SARASOTA

FL

85 Zip Code

34231

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 D ☐ DELETE
NAME HORLICK, MICHAEL D.
STREET ADDRESS 604 APALACHICOLA DR.
CITY-ST-ZIP VENICE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KOLSTAD, CHARLES K.
STREET ADDRESS 7207 PINE NEEDLE ROAD
CITY-ST-ZIP SARASOTA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME LARGO, STEVEN M.
STREET ADDRESS 4421 CHIMNEY CREEK DRIVE
CITY-ST-ZIP SARASOTA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME OLSON, DAVID E.
STREET ADDRESS 30 N. WASHINGTON
CITY-ST-ZIP NOKOMIS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PADAR, STEPHEN C.
STREET ADDRESS 1888 HILLVIEW
CITY-ST-ZIP SARASOTA FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ROBERTS, LAURA
STREET ADDRESS 2951 CLARK ROAD
CITY-ST-ZIP SARASOTA FL6.1 TITLE ☐ Change ☐ 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 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

LAURA ROBERTS

Date

1/10/97

Daytime Phone # 0080810

941 924-2330

CR2E037 (9/96)