

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:29

**DOCUMENT # N35295 (7)**

1. Corporation Name  
**CHARLOTTE COUNTY CONCERT BAND, INC.**

Principal Place of Business	Mailing Address
C/O BERGER, SIDNEY, E 2542 RIO LISBO COURT PUNTA GORDA FL 33950 US	C/O BERGER, SIDNEY, E 2542 RIO LISBO COURT PUNTA GORDA FL 33950 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/16/1989</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>65-0246735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for energy tax under s. 185.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent  
**BERGER, SIDNEY E  
2542 RIO LISBO COURT  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERGER, SIDNEY E
STREET ADDRESS	2542 RIO LISBO COURT
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	VD
NAME	ELGIN, LESTER
STREET ADDRESS	22 OAKLAND HILLS AVE.
CITY - ST - ZIP	ROTONDA FL
TITLE	SD
NAME	CONKLIN, SARA
STREET ADDRESS	147 POINSETTA CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	TD
NAME	MOCK, PEGGY
STREET ADDRESS	21292 COACHMAN AVENUE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	NEW, PHYLLIS
STREET ADDRESS	25188 MARION AVENUE, F409
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	D
NAME	VERDUIN, ELWOOD
STREET ADDRESS	1492 AQUI ESTA
CITY - ST - ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 the 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: Sidney E. Berger Date: June 10, 1995 Telephone: 813-637-8176  
SIGNATURE AND TELEPHONE NUMBER OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AUG 11 1995

**DOCUMENT # N35664 (4)**

1. Corporation Name  
**PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% JOHN A. LESTER 2121 WOOD STORK AVE ST AUGUSTINE FL 32088**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/11/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2997153** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 195.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESTER, JOHN A.  
2121 WOOD STORK AVE  
ST AUGUSTINE FL 32088**

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 registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **LESTER, JOHN A.**  
STREET ADDRESS **2121 WOOD STORK AVE**  
CITY ST ZIP **ST AUGUSTINE FL**

TITLE **STD**  
NAME **CRIBBS, VERNON**  
STREET ADDRESS **2240 COMMODORE'S CLUB**  
CITY ST ZIP **ST AUGUSTINE FL**

TITLE **D**  
NAME **CRIBBS, JAMIE J**  
STREET ADDRESS **2240 COMMODORES CLUB**  
CITY ST ZIP **ST AUGUSTINE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  Change  Addition

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  Change  Addition

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  Change  Addition

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  Change  Addition

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  Change  Addition

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  Change  Addition

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 110.07(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: *John A. Lester* **JOHN A. LESTER** **6-9-95** **904-829-3033**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone #

CR2E037 (3/95)