FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43168 (6)

1. Corporation Name

PINE GROVE CONDOMINIUMS AT BLOOMINGDALE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WISE PROPERTY MANAGEMENT, INC 7826 N 56TH STREET, SUITE #2 TAMPA FL 33617	C/O WISE PROPERTY MANAGEMENT, INC 7826 N 56TH STREET, SUITE #2 TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1991
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-2748277 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7628 N 56TH STREET	26 7628 N 56TH STREET
Suite, Apt. #, etc. 22 SUITE 8	Suite, Apt. #, etc. 27 SUITE 8
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33617 Country 25	Zip 29 33617 Country 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 ☐ **$68.75** Supplemental Fee Not Required
8. 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
SPIVEY, WILLIAM C. C/O WISE PROPERTY MANAGEMENT, INC. 7628 N. 56TH STREET, SUITE #8 TAMPA FL 33617	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, HOWARD	12 NAME	
STREET ADDRESS	3612 PINE KNOT DR.	13 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	DP ☑ Change ☐ Addition
NAME	MANDRACCHIA, PAT	22 NAME	MAZZUCCA, PATRICIA
STREET ADDRESS	3602 PINE KNOT DRIVE	23 STREET ADDRESS	3602 PINE KNOT DRIVE
CITY-ST-ZIP	VALRICO FL	24 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MALLON, M SUE	32 NAME	
STREET ADDRESS	3602 PINE KNOT DR.	33 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Patricia Mazzucca 3-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date

PATRICIA MAZZUCCA
Telephone Number #