

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JAN 13 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **N43168 (6)**

1. Corporation Name
PINE GROVE CONDOMINIUMS AT BLOOMINGDALE ASSOCIATION, INC.

Principal Place of Business Mailing Address
7628 N 56TH STREET SUITE 8 TAMPA FL 33617 US

3. Date Incorporated or Qualified **04/25/1991** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business 2a. Mailing Address
21 HARBOUR MANAGEMENT SUITE, APPLICABLE 552 MAIN STREET SAFETY HARBOR, FL 34695

4. FEI Number **59-2748277** Applied For Not Applicable

22. City & State **SAFETY HARBOR, FL 34695** 27. City & State **SAFETY HARBOR, FL 34695**

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

23. Zip Country 28. Zip Country

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

24. Zip Country 29. Zip Country 30. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SPIVEY, WILLIAM C.
C/O WISE PROPERTY MANAGEMENT, INC.
7628 N. 56TH STREET, SUITE #8
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name **J. THOMAS PERZEL**
82 Street Address **10 HARBOUR MANAGEMENT 552 MAIN STREET SAFETY HARBOR, FL 34695**
83 City **SAFETY HARBOR, FL 34695**
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 *Thomas Perzel* (NOTE: Registered Agent signature required when reinstating) DATE **1-7-97**

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROSS, LAURA	
STREET ADDRESS	3613 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAZZUCCA, PATRICIA	
STREET ADDRESS	3602 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALLON, M SUE	
STREET ADDRESS	3602 PINE KNOT DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP Bert Winfield	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3614 Lost Pine Way	
1.3 STREET ADDRESS	Valrico, FL 33594	
1.4 CITY-ST-ZIP		
2.1 TITLE	DS Sandy Howes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1356 Big Pine Drive	
2.3 STREET ADDRESS	Valrico, FL 33594	
2.4 CITY-ST-ZIP		
3.1 TITLE	DT Larua Ross	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3613 Pine Knot Drive	
3.3 STREET ADDRESS	Valrico, FL 33594	
3.4 CITY-ST-ZIP		
4.1 TITLE	500002059885	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-01/16/97-01009-002	
4.3 STREET ADDRESS	*****61.25 *****61.25	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>[Signature]</i>	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 recorder of the fee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Laura Ross* DATE: **1-7-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # **0048349**

CR2E037 (9/96)