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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43168

1. Corporation Name

**PINE GROVE CONDOMINIUMS AT BLOOMINGDALE ASSOCIAT
ION, INC.**

Principal Place of Business

% HARBOR MANAGEMENT
552 MAIN STREET
SAFETY HARBOR FL 34695
US

Mailing Address

% HARBOR MANAGEMENT
552 MAIN STREET
SAFETY HARBOR FL 34695
US



2. Principal Place of Business

21 2180 W SR 434

Suite, Apt. #, etc.

22 STE 5000

City & State

23 LONGWOOD FL

Zip

Country

24 32779

25 US

2a. Mailing Address

26 2180-W SR 434

Suite, Apt. #, etc.

27 STE 5000

City & State

28 LONGWOOD FL

Zip

Country

29 32779

30 US

3. Date Incorporated or Qualified

04/25/1991

4. FEI Number

59-2748277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PERZEL, J. THOMAS
% HARBOR MANAGEMENT
552 MAIN STREET
SAFETY HARBOR FL 34699-5

10. Name and Address of New Registered Agent

81 Name

HART, JAMES W JR

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

SENTRY MANAGEMENT INC

83

2180 W SR 434 STE 5000

84 City

LONGWOOD

FL

85 Zip Code

32779

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

3/1/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME BROCK, CHARLES
STREET ADDRESS 1228 BIG PINE DR
CITY-ST-ZIP VALRICO FL 33594

TITLE DS ☐ DELETE
NAME HOWES, SANDY
STREET ADDRESS 1356 BIG PINE DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE DT ☐ DELETE
NAME ROSS, LAURA
STREET ADDRESS 3613 PINE KNOT DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BROCK, DAN ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME HOWSE, SANDY
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

CHARLES BROCK, JR

3/8/99

813-662-2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0072683

CR2E037 (11/98)