

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000000617 (1)**

1. Corporation Name

**PINE ISLAND BAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
8930 SR #84 SUITE 109 DAVIE FL 33324 US	8930 SR #84 SUITE 109 DAVIE FL 33324 US

3. Date Incorporated or Qualified <b>02/15/1993</b>	3a. Date of Last Report <b>07/13/1995</b>
4. FEI Number <b>65-0414697</b>	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, 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	29

9. Name and Address of Current Registered Agent

**FISCHER, TOM**  
8930 SR #84, #109  
DAVIE FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD FISCHER, TOM	1.1 TITLE
NAME	8930 SR #84, #109	1.2 NAME
STREET ADDRESS	DAVIE FL	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	VD KIRK, JENNY	2.1 TITLE
NAME	8930 SR #84 #109	2.2 NAME
STREET ADDRESS	DAVIE FL	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	TD PHILLIPS, WILLIAM	3.1 TITLE
NAME	8930 SR #84 #109	3.2 NAME
STREET ADDRESS	DAVIE FL	3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	D FIDELLA, VICKI	4.1 TITLE
NAME	8930 SR #84, #109	4.2 NAME
STREET ADDRESS	DAVIE FL	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	S WILMONT, DIANA	5.1 TITLE
NAME	8930 SR #84, #109	5.2 NAME
STREET ADDRESS	DAVIE FL	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	D TRIPODI, FRANK	6.1 TITLE
NAME	8930 SR #84, #109	6.2 NAME
STREET ADDRESS	DAVIE FL	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Change  Addition

Change  Addition

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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)(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: Tom Fischer **TOM FISCHER** 4/25/96 954-746-7230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)