

**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 # N95000001855 (4)  
1. Corporation Name

PINE RIDGE HOLLOW PHASE II HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 2707 S. GOLDENROD ROAD ORLANDO FL 32822  
Mailing Address: 2707 S. GOLDENROD ROAD ORLANDO FL 32822

3. Date Incorporated or Qualified: 04/19/1995  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5449 S. SEMORAN BLVD.	26 5449 S SEMORAN BLVD.	59-3342844	Not Applicable
22 SUITE 20	27 SUITE 20	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 ORLANDO, FL.	28 ORLANDO, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32822	25 USA	29 32822	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

HAWKINS, KEVIN B  
2707 S. GOLDENROD ROAD  
ORLANDO FL 32822

81 Name: HAWKINS, KEVIN B.  
82 Street Address (P.O. Box Number is Not Acceptable): 5449 S. SEMORAN BLVD.  
83 SUITE 20  
84 City: ORLANDO FL 85 Zip Code: 32822

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] DATE: 4-15-96  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	HAWKINS, KEVIN B	1.1 TITLE: D	HAWKINS, KEVIN B.
STREET ADDRESS: 2707 S. GOLDENROD ROAD	ORLANDO FL 32822	1.2 NAME: HAWKINS, KEVIN B.	1.3 STREET ADDRESS: 5449 S. SEMORAN BLVD. SUITE 20
CITY-ST-ZIP: ORLANDO FL 32822		1.4 CITY-ST-ZIP: ORLANDO, FL 32822	
TITLE: D	HOLLO, TIBOR	2.1 TITLE:	
STREET ADDRESS: 100 SOUTH BISCAYNE BLVD., SUITE 1100	MIAMI FL 33131	2.2 NAME:	
CITY-ST-ZIP: MIAMI FL 33131		2.3 STREET ADDRESS:	
TITLE: D	ANDERSON, ROGER	2.4 CITY-ST-ZIP:	
STREET ADDRESS: 2525 WATERVIEW PLACE	WINDERMERE FL 32786	3.1 TITLE:	
CITY-ST-ZIP: WINDERMERE FL 32786		3.2 NAME:	
TITLE:		3.3 STREET ADDRESS:	
NAME:		3.4 CITY-ST-ZIP:	
STREET ADDRESS:		4.1 TITLE: D	JEROME HOLLO
CITY-ST-ZIP:		4.2 NAME: JEROME HOLLO	100 S. BISCAYNE BLVD, SUITE 1100
TITLE:		4.3 STREET ADDRESS: MIAMI, FL 33131	MIAMI, FL 33131
NAME:		4.4 CITY-ST-ZIP:	
STREET ADDRESS:		5.1 TITLE:	
CITY-ST-ZIP:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
NAME:		5.4 CITY-ST-ZIP:	
STREET ADDRESS:		6.1 TITLE:	200001859512
CITY-ST-ZIP:		6.2 NAME:	-06/12/96--01040--020
TITLE:		6.3 STREET ADDRESS:	***61.25
NAME:		6.4 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)(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: [Signature] DATE: 4-15-96 DAYTIME PHONE #: 407-381-6000

CR2E037 (12/95)