

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

21 5449 S. SEMORAN BLVD.

26 5449 S SEMORAN BLVD.

4. FEI Number

59-3342844

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 20

27 SUITE 20

City & State

City & State

23 ORLANDO, FL.

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32822

25 USA

29 32822

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME HAWKINS, KEVIN B  
STREET ADDRESS 2707 S. GOLDENROD ROAD  
CITY - ST - ZIP ORLANDO FL 32822

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME HAWKINS, KEVIN B.  
1.3 STREET ADDRESS 5449 S. SEMORAN BLVD. SUITE 20  
1.4 CITY - ST - ZIP ORLANDO, FL 32822

TITLE ☐ DELETE

NAME HOLLO, TIBOR  
STREET ADDRESS 100 SOUTH BISCAYNE BLVD., SUITE 1100  
CITY - ST - ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☒ DELETE

NAME ANDERSON, ROGER  
STREET ADDRESS 2525 WATERVIEW PLACE  
CITY - ST - ZIP WINDERMERE FL 32786

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME JEROME HOLLO  
4.3 STREET ADDRESS 100 S. BISCAYNE BLVD, SUITE 1100  
4.4 CITY - ST - ZIP MIAMI, FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

407-381-6000

CR2E037 (12/95)