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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000006440

1. Corporation Name
PINE RIDGE HOLLOW EAST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2816 E ROBINSON ST STE 200 ORLANDO FL 32803 US	Mailing Address 2816 E ROBINSON ST STE 200 ORLANDO FL 32803 US
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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 12/16/1996	4. FEI Number 59-3228360 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent HAWKINS, KEVIN B 2816 E ROBINSON ST STE 200 ORLANDO FL 32803	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
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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: 3/12/99

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 HAWKINS, KEVIN 2816 E ROBINSON ST, STE 200 ORLANDO FL 32803	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD HOLLO, TIBOR 444 BRICKELL AVEN STE 530 MIAMI FL 33101	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD HOLLO, JEROME 444 BRICKELL AVEN STE 530 MIAMI FL 33101	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE: 3/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)