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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90048 037 \*\*\*\*61.25

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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**



2. Principal Place of Business

**21 2180 W SR 434**

Suite, Apt. #, etc.

**22 STE 5000**

City & State

**23 LONGWOOD FL**

Zip

**24 32779**

Country

**25 US**

2a. Mailing Address

**26 2180 W SR 434**

Suite, Apt. #, etc.

**27 STE 5000**

City & State

**28 LONGWOOD FL**

Zip

**29 32779**

Country

**30 US**

3. Date Incorporated or Qualified

**12/16/1996**

4. FEI Number

**59-3228360**

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

**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**

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)

**3/12/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD HAWKINS, KEVIN**  
STREET ADDRESS **2816 E ROBINSON ST, STE 200**  
CITY-STATE-ZIP **ORLANDO FL 32803**

TITLE ☐ DELETE  
NAME **STD HOLLO, TIBOR**  
STREET ADDRESS **444 BRICKELL AVEN STE 530**  
CITY-STATE-ZIP **MIAMI FL 33101**

TITLE ☐ DELETE  
NAME **VD HOLLO, JEROME**  
STREET ADDRESS **444 BRICKELL AVEN STE 530**  
CITY-STATE-ZIP **MIAMI FL 33101**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

**SIGNATURE REQUIRED**

**Kevin Hawkins**

**3/30/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)