

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41847

**Entity Name:** PINE AVENUE CAR CARE CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC7006780058**

**Current Principal Place of Business:**

2100 S. PINE AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

2124 S. PINE AVENUE  
OCALA, FL 34471

**FEI Number: 59-3111120**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WACHTER, KIMBERLY A  
2124 S. PINE AVENUE  
OCALA, FL 34471 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HEMINGER, TODD E  
Address 2100 S. PINE AVE  
City-State-Zip: Ocala FL 34471

Title DTS  
Name WACHTER, KIMBERLY A  
Address 2124 S. PINE  
City-State-Zip: Ocala FL 34471

Title VP  
Name WACHTER, GEORGE J  
Address 2124 SOUTH PINE AVE  
City-State-Zip: Ocala FL 34471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: KIMBERLY A WACHTER

DTS

03/14/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date