

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 197528 (3)

1. Corporation Name

PINE MEADOWS GOLF ESTATES INC



Principal Place of Business

17110 PINE MEADOWS GOLF COURSE RD.
EUSTIS FL 32726

Mailing Address

17110 PINE MEADOWS GOLF COURSE RD.
EUSTIS FL 32726

3. Date Incorporated or Qualified
11/10/1956

3a. Date of Last Report
05/01/1995

4. FEI Number

59-0814269

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

* CROAK, MICHAEL A.
14229 U.S. HIGHWAY 441
TAVARES FL 32778

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900001795229
-04/25/96--01106--031

84 City

***200.00

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME ~~STENGER, HERBERT~~ Karczewski, Walter
STREET ADDRESS 3513 INDIAN TRAIL 13 Brigadoon Cir
CITY-ST-ZIP EUSTIS FL Leesburg, Fl. 32788

TITLE P
NAME ~~MINNICK, WILLIAM~~ Mulholland, Dennis
STREET ADDRESS 1830 HWY. 19A NORTH 17350 East Rd.
CITY-ST-ZIP EUSTIS FL Umatilla, Fl. 32784

TITLE S
NAME ~~LAWSON, CHARLENE~~
STREET ADDRESS 3064 PINE COVE PL
CITY-ST-ZIP EUSTIS FL

TITLE T
NAME ~~KEATON, THOMAS~~ Fred Campbell
STREET ADDRESS 2 LAURA LANE 1820 Cty Rd. 19A
CITY-ST-ZIP MT. DORA FL Eustis, Fl. 32726

TITLE D
NAME LAMM, WILLIAM
STREET ADDRESS 37428 TURNER DR 32784
CITY-ST-ZIP UMATILLA FL

TITLE D
NAME SPEICH, HENRY
STREET ADDRESS P O BOX 1856 16700 ORANGE AVE
CITY-ST-ZIP UMATILLA FL 32784

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE Pres.
2 NAME Lippincott, Donald R. 32735
3 STREET ADDRESS 13625 Berkshire Ct Grand Is, Fl.
4 CITY-ST-ZIP

2 TITLE Vice Pres.
2 NAME Stavey, Martha 32726
3 STREET ADDRESS 231 Douglas Dr. Eustis, Fl.
4 CITY-ST-ZIP

3 TITLE Sec.
3 NAME Lawson, Charlene 32726
3 STREET ADDRESS 3064 Pine Cove Pl. Eustis, Fl.
4 CITY-ST-ZIP

4 TITLE Treas.
4 NAME Minnick, William 32726
4 STREET ADDRESS 1830 Hwy. 19 N. Eustis, Fl.
4 CITY-ST-ZIP

5 TITLE Richard Pilatzke
5 NAME 1840 Hwy 19A N
5 STREET ADDRESS Eustis, Fl 32726
5 CITY-ST-ZIP

6 TITLE Dr. E. Ray Smith
6 NAME 1340 E. Orange Ave.
6 STREET ADDRESS Eustis, Fl. 32726
6 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE X *Donald R. Lippincott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 357-7032
50-4-25-96

CR2E034 (12/95)