

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 # **730228** (4)

1. Corporation Name

PINE VALLEY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

Mailing Address

**101 CLUBHOUSE BLVD. RR 1
NEW SMYRNA BCH FL 32168**

**101 CLUBHOUSE BLVD. RR 1
NEW SMYRNA BCH FL 32168**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/16/1974

3a. Date of Last Report
03/22/1995

4. FEI Number
59-1669287

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

10. Name and Address of New Registered Agent

**CLARK, MINKE
300 SWEET BAY AVE
NEW SMYRNA BEACH FL 32168**

81 Name **GILMORE J. F., JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
547 BOTTLE BRUSH
83
84 City **NEW SMYRNA BEACH FL** 85 Zip Code **32168**

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

John F. Gilmore, Jr. **JOHN F. GILMORE, JR., PRESIDENT**

March 29, 1996

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

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **ROBERTSON, W W**
STREET ADDRESS **253 CLUBHOUSE BLVD**
CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE **DV** ☐ DELETE
NAME **GILMORE, J. I**
STREET ADDRESS **547 BOTTLEBRUSH**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 00000**

TITLE **PD** ☒ DELETE
NAME **CLARK, M**
STREET ADDRESS **300 SWEETBAY AVE**
CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE **DT** ☐ DELETE
NAME **CODRINGTON, W.**
STREET ADDRESS **200 SWEETBAY AVE**
CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP **FL 32168**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **P D GILMORE, JOHN F., JR.**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **FL 32168**

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **FL 32168**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DV WILLIAM ROWE**
5.3 STREET ADDRESS **245 CLUBHOUSE BLVD.**
5.4 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. W. Robertson **W. W. ROBERTSON** *March 21, 96* **904-427-8111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)