NONP	ROFIT
CORPO	RATION
IALININA	REPORT



CORPORATION ANNUAL REPORT 1996		SA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State SION OF CORPORATIONS				
DOCUMENT # 734	4234 (8)				
PINEBROOK SOUTH HOME	EOWNERS' ASSOCIAT					
Principal Place of Business	Principal Place of Business Mailing Address			- I (BDIII 1880) 1991 DIEGO EINE DIEF DIGUE GEZE GEDE GEDE GEDE GEDE GEDE GEDE GED		
1343 FEATHER BED LANE VENICE FL 34292	5 1284					
US	US		 Date Incorporated or Qualified 11/03/1975 	3a. Date of Last Report 02/13/1995		
Principal Place of Business 1	2a. Mailing Add	ress	4. FEI Number 59-2009425	Applied Fo		
Suite, Apt. #, etc.	Suite, Apt. #	¥, etc.	5. Certificate of Status Desired	S8.75 Addition Fee Required		
City & State	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip Country 24 25	Zip 29	Country 30	B. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No		
[=-(9. Name and Address of Current Registered Agent		10. Name and Address of New F	10. Name and Address of New Registered Agent		
WULP, SHARON S. VAND 227 NOKOMIS AVE SOUTH		81 Name	Address (P.O. Box Number is Not Acceptate	ble)		

Applied For

Not Applicable \$8.75 Additional

	9. Name and Address of Current Registere	d Agent		10. Name and Address of New Registere	a Agent		
			81 Name				
WULP, SHARON S. VAND		OO Steed A	82 Street Address (P.O. Box Number is Not Acceptable)				
			82 Street A	ACICHESS (F.O. DOX MUTTUBE IS NOT ACCEPTABLE)			
227 NOKOMIS AVE SOUTH							
VENICE FL 34285							
			84 City	F	85 Zip Code		
		70 F) 1 O 1 1 0		-	— 1		
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 changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am							
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The copy added to the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
SIGNATIONE _	Signature, typed or printed name of registered agent and tide if applic		gistered Agent signature re-	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICE RS A	NO DIBECTORS IN 10		
12.	OFFICERS AND DIRECTOR		13.	AC. A	Change		
TITLE	\$	DELETE	1.1 TITLE	SEC. RIBIAL PICCAL	Manage Nontrol		
NAME	FALLON, MARGARET		1.2 NAME	PAGGY RITCH KAME			
STREET ADDRESS	1351 LYCANYA, AVE.		13 STREET ADDRESS	VENICE, ELA	!		
CITY-ST-ZIP	VENICE FL		1.4 CITY - ST - ZIP		No Change Commercial		
TIFLE	P	DELETE	2.1 TITLE	Traver Me DERMOTT	Change Addition		
NAME	HIGGINS, JOLINE	· ·	2 2 NAME	DINGE MEDERMOTT JASY SLEEPY HOLLOW A VENICE, ELA.	CD		
STREET ADDRESS	1230 SLEEPY HOLLOW RD		23 STREET ADDRESS	VENICE, ELA.			
CITY - ST - ZIP	VENICE, FL 00000		2 4 CITY - ST - ZIP	L			
TITLE	D	DELETE	3 1 TITLE	P	Change Addition		
NAME	LEHNE, RICHARD		3.2 NAME	WILLIAM ENGLLAND 1200 LUCAYA AVIZ			
STREET ADORESS	1323 WHISPERING LA.		3 3 STREET ADDRESS	Value - 1			
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	VENICE, FLA.			
TIFLE	D	DELETE	4.1 TIFLE		Change Addition		
NAME	RINGEL, REG		4 2 NAME				
STREET ADDRESS	1227 WATERSIDE LANE		4.3 STREET ADDRESS				
CITY - ST - ZIP	VENICE FL		4.4 CITY - ST - ZIP				
TIFLE	1	DELETE	5 1 TITLE		☐ Change ☐ Addition		
NAME	SWETT, DAVID		52 NAME				
STREET ADDRESS	1226 SCHOONER LN.		5 3 STREET ADDRESS				
	VENICE, FL 00000		5 4 City - St - ZiP				
CITY-ST-ZIP	D	DELETE	6 1 TITLE	DIRECTOR	Change Addition		
	HUMPHREYSON, LISA	7	6 2 NAME	DIRECTOR RICHARD POLMER 1532 WHISPERING KANE VENICE, ELA			
NAME expect approved	1223 SLEEPY HOLLOW RD		6.3 STREET ADDRESS	1332 WHISPERING PARE			
STREET ADDRESS	VENICE, FL 00000	ł	6.4 CITY - ST - ZIP	VENICE, LA			
CITY-ST-ZIP	VENNOE, FL WWW		0.4 UIT - 31 - £1*	111 (11	Florida Statutas I further		

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 cath; 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 6) on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

94/- 485-1227 Daytime Prione #

CR2E037 (12/95)