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Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734234 (8)

1. Corporation Name

PINEBROOK SOUTH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1343 FEATHER BED LANE  
VENICE FL 34282  
USP.O. BOX 1325  
VENICE FL 34284-1325  
US3. Date Incorporated or Qualified  
11/03/19753a. Date of Last Report  
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WULP, SHARON S. VAND  
227 NOKOMIS AVE SOUTH  
VENICE FL 34285

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETENAME RIGGAL, PEGGY  
STREET ADDRESS 1139 KETCH LANE  
CITY-ST-ZIP VENICE FL1.1 TITLE DIRECTOR ☐ Change ☒ AdditionTITLE D ☒ DELETENAME MCDERMOTT, JANICE  
STREET ADDRESS 1234 SLEEPY HOLLOW ROAD  
CITY-ST-ZIP VENICE, FL 00000

1.2 NAME JERRY JACKSON

1.3 STREET ADDRESS 1217 SLEEPY HOLLOW RD

1.4 CITY-ST-ZIP VENICE, FLA 34292

TITLE D ☐ DELETENAME LEHNE, RICHARD  
STREET ADDRESS 1323 WHISPERING LA.  
CITY-ST-ZIP VENICE FL2.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME RINGEL, REG  
STREET ADDRESS 1227 WATERSIDE LANE  
CITY-ST-ZIP VENICE FL2.2 NAME ☐ Change ☐ AdditionTITLE T ☐ DELETENAME SWETT, DAVID  
STREET ADDRESS 1226 SCHOONER LN.  
CITY-ST-ZIP VENICE, FL 000002.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE D ☒ DELETENAME ENGLAND, WILLIAM  
STREET ADDRESS 1200 LUCAYA AVENUE  
CITY-ST-ZIP VENICE FL2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064334

CR2E037 (9/96)