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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734234

1. Corporation Name

PINEBROOK SOUTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1343 FEATHER BED LANE
VENICE FL 34292
US

Mailing Address

P.O. BOX 1325
VENICE FL 34284
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/03/1975

4. FEI Number

59-2009425

☒ 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

9. Name and Address of Current Registered Agent

WULP, SHARON S
227 NOKOMIS AVE SOUTH
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name **SKIP BERG**
82 Street Address (P.O. Box Number is Not Acceptable)
1872 South Tamiami Trail
83 **Suite D**
84 City **Venice** FL 85 Zip Code **34293**

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

1/8-99
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RIGGAL, PEGGY	
STREET ADDRESS	1139 KETCH LANE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, JERRY	
STREET ADDRESS	1217 SLOPPY HOLLOW RD	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEHNE, RICHARD	
STREET ADDRESS	1323 WHISPERING LA.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RINGEL, REG	
STREET ADDRESS	1227 WATERSIDE LANE	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SWETT, DAVID	
STREET ADDRESS	1226 SCHOONER LN.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEANY, JAMES	
STREET ADDRESS	1328 WHISPERING LN.	
CITY-ST-ZIP	VENICE FL 34292	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANN FISHER	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK FIOLO	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WARREN MUMMA	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES LEAHY	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BILL DUNLOP	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BILL DUNLOP	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE *Reginald Smith*

Date

Daytime Phone #

1/2/99 (914) 485-1227

CR2E037 (1/98)