

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 # **736165** (2)

1. Corporation Name

**PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION,
INCORPORATED**

Principal Place of Business

Mailing Address

1011 NE 48 RD
OCALA FL 34470-1107
US

1011 NE 48 RD
OCALA FL 34470-1107
US



3. Date Incorporated or Qualified
06/21/1976

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 820**

22 City & State

27 Suite, Apt. #, etc.
28 **SILVER SPRINGS, FL.**

23 Zip Country

29 **34488** 30 **MARION**

4. FEI Number
59-1764264

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

9. Name and Address of Current Registered Agent

**GARIOTI, BARBARA
1011 NE 48TH RD
OCALA FL 34470**

10. Name and Address of New Registered Agent

81 Name **Bennett, Rose M.**
82 Street Address (P.O. Box Number is Not Acceptable)
4721 NE 11th Street
83
84 City **OCALA** FL 85 Zip Code **34470**

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 **Rose M. Bennett**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D RAUSEI, LOUIS**
STREET ADDRESS **815 N.E. 48TH ROAD**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **815 NE 48th Ave Rd**
1.4 CITY-ST-ZIP **34470**

TITLE ☐ DELETE
NAME **DT BENNETT, ROSE M**
STREET ADDRESS **4721 NE 11TH ST**
CITY-ST-ZIP **OCALA FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **34470**

TITLE ☒ DELETE
NAME **DS MCGRIT, GAIL**
STREET ADDRESS **4811 NE 13TH ST**
CITY-ST-ZIP **OCALA, FL 00000**

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **DS VOIGT, JEAN**
3.3 STREET ADDRESS **911 NE 48th Ave Rd**
3.4 CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ DELETE
NAME **DV RAUSE, MAVIS**
STREET ADDRESS **815 NE 48 RD**
CITY-ST-ZIP **OCALA FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS **815 NE 48th Ave Rd**
4.4 CITY-ST-ZIP **34470**

TITLE ☐ DELETE
NAME **D GARRISON, CELIA**
STREET ADDRESS **910 NE 48TH ROAD**
CITY-ST-ZIP **OCALA FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **910 NE 48th Ave Rd.**
5.4 CITY-ST-ZIP **34470**

TITLE ☒ DELETE
NAME **DP GARIOTI, BARBARA**
STREET ADDRESS **1011 NE 48 RD**
CITY-ST-ZIP **OCALA, FL 00000**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **DP VOIGT, JOSEPH**
6.3 STREET ADDRESS **911 NE 48th Ave Rd.**
6.4 CITY-ST-ZIP **OCALA FL 34470**

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: **Joseph K Voigt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

Date

352-236-2831

Day/Time Phone #

CR2E037 (12/95)