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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736165 (2)

1. Corporation Name
PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION, INCORPORATED

Principal Place of Business 1011 NE 48 RD OCALA FL 34470-1107 US	Mailing Address PO BOX 820 SILVER SPRINGS FL 34489-0820 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 06/21/1976	3a. Date of Last Report 03/06/1996
4. FEI Number 59-1764264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENNETT, ROSE M.
4721 NE 11TH ST
OCALA FL 34470**

10. Name and Address of New Registered Agent

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 Rose M. Bennett Rose M. Bennett 1-27-97

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	D	<input type="checkbox"/> DELETE
NAME	RAUSEI, LOUIS	
STREET ADDRESS	815 NE 48TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BENNETT, ROSE M	
STREET ADDRESS	4721 NE 11TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VOIGT, JEAN	
STREET ADDRESS	911 NE 48TH AVE	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RAUSE, MAVIS	
STREET ADDRESS	815 NE 48TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRISON, CELIA	
STREET ADDRESS	910 NE 48TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VOIGT, JOSEPH	
STREET ADDRESS	911 NE 48TH AVE	
CITY-ST-ZIP	OCALA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Rose M. Bennett REQUIRED 1/27/97 352-236-4485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066148

CR2E037 (9/96)