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FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

PO BOX 820  
SILVER SPRINGS FL 34488  
US



3. Date Incorporated or Qualified

06/21/1976

4. FEI Number

59-1764264

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Rose M Bennett

1-27-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME RAUSEI, LOUIS  
STREET ADDRESS 815 NE 48TH AVE  
CITY-ST-ZIP OCALA FL

1.1 TITLE DVP ☐ Change ☒ Addition  
1.2 NAME MIKE SULLIVAN  
1.3 STREET ADDRESS 4851 NE 9TH STREET  
1.4 CITY-ST-ZIP OCALA FL 34470

TITLE DT ☐ DELETE  
NAME 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

TITLE DS ☐ DELETE  
NAME VOIGT, JEAN  
STREET ADDRESS 911 NE 48TH AVE  
CITY-ST-ZIP OCALA, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DP ☒ DELETE  
NAME VOIGT, JOSEPH  
STREET ADDRESS 911 NE 48TH AVE  
CITY-ST-ZIP OCALA, FL 00000

6.1 TITLE D.P. ☒ Change ☐ Addition  
6.2 NAME TED NICHOLS  
6.3 STREET ADDRESS 4710 N.E. 10TH STREET  
6.4 CITY-ST-ZIP OCALA, FL 34470

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.

SIGNATURE: Rose M Bennett 1-27-98 352 236-4485

CR2E037 (10/97)