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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 736165

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 34488
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

06/21/1976

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

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

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 DVP
NAME SULLIVAN, DUKE
STREET ADDRESS 4851 NE 9TH ST
CITY-ST-ZIP Ocala FL 34470 ☐ DELETE

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

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

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

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

TITLE DP
NAME NICHOLS, TED
STREET ADDRESS 4710 N.E. 10TH ST
CITY-ST-ZIP Ocala, FL 00000-34470 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 34470

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 34470

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 34470

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

Rose M. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)