

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736165

FILED
Aug 27, 2004
Secretary of State

Entity Name: PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1011 NE 48 RD
OCALA, FL 344701107 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 820
SILVER SPRINGS, FL 34488 US

New Mailing Address:

FEI Number: 59-1764264 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILKINSON, MIKE
4731 NE 10TH ST
OCALA, FL 34470 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICE, GAIL M
Address: 4830 NE 11TH ST
City-St-Zip: OCALA, FL 34470

Title: DT () Delete
Name: WILKINSON, MIKE
Address: 4731 NE 10 ST
City-St-Zip: OCALA, FL 34470

Title: VP () Delete
Name: BILLINGTON, LARRY
Address: 4921 NE 8 ST.
City-St-Zip: OCALA, FL 34470

Title: DV () Delete
Name: RAUSE, MAVIS
Address: 815 NE 48TH AVE
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: GARRISON, CELIA
Address: 910 NE 48TH AVE
City-St-Zip: OCALA, FL 34470

Title: S () Delete
Name: CHEVALIER, CURTIS
Address: 710 NE 48 AVE. RD.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TUCKER, DIANE
Address: 4810 SE 9 ST
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: TUCKER, DONALD
Address: 4810 NE 9 ST
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE WILKINSON

DT

08/27/2004

Electronic Signature of Signing Officer or Director

Date