

**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 # 737724 (5)**  
1. Corporation Name  
**PINE RANCH OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**201 EAGLENOOK WAY  
P O BOX 133  
OSPREY FL 34229  
US**

Mailing Address  
**201 EAGLENOOK WAY  
P O BOX 133  
OSPREY FL 34229  
US**

3. Date Incorporated or Qualified **12/30/1976**      3a. Date of Last Report **03/08/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2116477</b>		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HYATT, PATRICIA 201 EAGLENOOK WAY OSPREY FL 34229</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHIPPERMAN, RONALD</b>	1.2 NAME	<b>VD</b>
STREET ADDRESS	<b>801 ENGLENOOK WAY</b>	1.3 STREET ADDRESS	<b>FRANCES DIEGEL</b>
CITY - ST - ZIP	<b>OSPREY, FL 00000</b>	1.4 CITY - ST - ZIP	<b>50 LONGBOW TRAIL OSPREY, FL. 34229</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PINNEY, ANN</b>	2.2 NAME	<b>SD</b>
STREET ADDRESS	<b>104 LONGBOW TRAIL</b>	2.3 STREET ADDRESS	<b>PATRICIA HYATT</b>
CITY - ST - ZIP	<b>OSPREY FL</b>	2.4 CITY - ST - ZIP	<b>201 ENGLENOOK WAY OSPREY, FL. 34229</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PISCOIOTTI, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>401 ENGLENOOK WAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OSPREY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, JEANNE</b>	4.2 NAME	
STREET ADDRESS	<b>404 LONGBOW TR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OSPREY FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Jeanne Morgan **JEANNE MORGAN** 2/2/96 941-966-3378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)