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Mar 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

DOCUMENT # 737724 (5)

1. Corporation Name
PINE RANCH OWNERS ASSOCIATION, INC.



Principal Place of Business 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 02/08/1996

2. Principal Place of Business 21 404 LONGBOW TRAIL Suite, Apt. #, etc. 22 City & State 23 OSPREY, FL Zip 24 34229	2a. Mailing Address 25 P.O. BOX 133 Suite, Apt. #, etc. 26 City & State 27 OSPREY, FL Zip 28 34229	29 SARASOTA	30 SARASOTA	4. FEI Number 59-2116477	Applied For Not Applicable
9. Name and Address of Current Registered Agent HYATT, PATRICIA 201 EAGLENOOK WAY OSPREY FL 34229				10. Name and Address of New Registered Agent 81 Name JEANNE MORGAN 82 Street Address (P.O. Box Number is Not Acceptable) 404 LONGBOW TRAIL 83 84 City OSPREY FL 85 Zip Code 34229	

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: *Jeanne Morgan* TREASURER 2-15-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEGEL, FRANCES	1.2 NAME	DIEGEL, FRANCES
STREET ADDRESS	50 LONGBOW TRAIL	1.3 STREET ADDRESS	50 LONGBOW TRAIL
CITY - ST - ZIP	OSPREY FL	1.4 CITY - ST - ZIP	OSPREY, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYATT, PATRICIA	2.2 NAME	PINNEY, ANN
STREET ADDRESS	201 ENGLENOOK WAY	2.3 STREET ADDRESS	104 LONGBOW TRAIL
CITY - ST - ZIP	OSPREY FL	2.4 CITY - ST - ZIP	OSPREY, FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISCOIOTTI, MICHAEL	3.2 NAME	
STREET ADDRESS	401 ENGLENOOK WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	OSPREY FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JEANNE	4.2 NAME	
STREET ADDRESS	404 LONGBOW TR	4.3 STREET ADDRESS	
CITY - ST - ZIP	OSPREY FL	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 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: *Jeanne Morgan* JEANNE MORGAN 2-15-97 941-966-3378
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062680

CR2E037 (9/96)