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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

03-01-1999 90147 002 \*\*\*\*61.25

DOCUMENT # 737724

1. Corporation Name

PINE RANCH OWNERS ASSOCIATION, INC.

Principal Place of Business

404 LONGBOW TRAIL OSPREY FL 34229 US

Mailing Address

PO BOX 133 OSPREY FL 34229 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/30/1976

4. FEI Number 59-2116477

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

MORGAN, JEANNE 404 LONGBOW TRAIL OSPREY FL 34229

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 PD NAME KILOSKI, CHRIS DELETED STREET ADDRESS 501 ENGLENOOK WY CITY-ST-ZIP OSPREY FL

TITLE VD NAME PINNEY, ANN DELETED STREET ADDRESS 104 LONGBOW TR CITY-ST-ZIP OSPREY FL

TITLE PD NAME PISCOIOTTI, MICHAEL DELETED STREET ADDRESS 401 ENGLENOOK WAY CITY-ST-ZIP OSPREY FL

TITLE TD NAME MORGAN, JEANNE DELETED STREET ADDRESS 404 LONGBOW TR CITY-ST-ZIP OSPREY FL

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE VD NAME HYATT, WILLIAM DELETED STREET ADDRESS 201 ENGLENOOK WAY CITY-ST-ZIP OSPREY, FL

3.1 TITLE SD NAME BIEGEL, FRANCES DELETED STREET ADDRESS 50 LONGBOW TRAIL CITY-ST-ZIP OSPREY, FL

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED

1-28-99

541-966-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)