

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738261** (7)

1. Corporation Name

PINEWOOD COVE ASSOCIATION, INC.



Principal Place of Business

PO BOX 13
ST. JAMES CITY FL 33956
US

Mailing Address

PO BOX 13
ST. JAMES CITY FL 33956
US

3. Date Incorporated or Qualified
03/04/1977

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2481627

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOENBAECHLER, MARIE
4945 PORKY LANE
ST. JAMES CITY FL 33956

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 **Marie Schoenbaechler, Treasurer**

3/15/96

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	P	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, VIOLA	
STREET ADDRESS	4974 PORKY LANE	
CITY-ST-ZIP	ST. JAMES CITY, FL 0	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOTT, THEODORE L.	
STREET ADDRESS	4940 GULFGATE LANE	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTENS, THOMAS	
STREET ADDRESS	4960 GULFGATE LANE	
CITY-ST-ZIP	ST. JAMES CITY, FL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHOENBAECHLER, MARIE	
STREET ADDRESS	4945 PORKY LANE	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LABONVILLE, A.A.	
STREET ADDRESS	4888 GULFGATE LANE	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAUTKUS, I.J.	
STREET ADDRESS	4650 CATFISH CT	
CITY-ST-ZIP	ST. JAMES CITY FL	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McFarland, L. K.	
1.3 STREET ADDRESS	5024 Gulfgate Lane	
1.4 CITY-ST-ZIP	St. James City, FL 33956	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	French, Thomas	
2.3 STREET ADDRESS	4934 Porky Lane	
2.4 CITY-ST-ZIP	St. James City, FL 33056	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martens, Thomas	
3.3 STREET ADDRESS	4960 Gulfgate Lane	
3.4 CITY-ST-ZIP	St. James City, FL 33956	
4.1 TITLE	300001762688	
4.2 NAME	-03/29/96--01042--035	
4.3 STREET ADDRESS	***61.25	
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LaBonville, A.A.	
5.3 STREET ADDRESS	4888 Gulfgate Lane	
5.4 CITY-ST-ZIP	St. James City, FL 33956	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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:

Marie Schoenbaechler, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

Date

941 283-2786

Daytime Phone #

CR2E037 (12/95)