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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT # 7396	10 (4)			
•	PINES ASSOCIATION, UI	NIT III, INC.			
Principal Place of Business Mailing Address					
PO BOX 108		PO BOX 1084			
MOUNT DOR	RA FL 32757	MOUNT DORA FL 3275 US	57		
				 Date Incorporated or Qualified 07/07/1977 	3a. Date of Last Report 03/10/1995
2. Principal Pi	lace of Business	2a. Mailing Address 26	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number 59-2268788	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<i>7</i> (p	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Acces to rees
24	25	29	30		Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New F	legistered Agent
			81 Name		
	KE CENTER DR A-4			Address (P.O. Box Number is Not Acceptab	ole)
MOUNT	DORA FL 32757		83		
			84 City		B5 Zip Code
			84 City		
11. Pursuant	to the provisions of Sections 617,05	502 and 617.1508, Florida Statute	es the above-named co	orporation submits this statement for the pur	roce of changing its registered offic
or registe:	to the provisions of Sections 617.05 red agent, or both, in the State of Fi ith, and accept the obligations of, S	lorida. Such change was authoriz	es, the above-named co	proporation submits this statement for the pur board of directors. I hereby accept the app	roce of changing its registered office
or registe:	red agent, or both, in the State of Fi ith, and accept the obligations of, Si	lorida. Such change was authoriz ection 617.0503, Florida Statutes	es, the above-named co ed by the corporation's	board of directors. I hereby accept the app	rpose of changing its registered offic ointment as registered agent. I am
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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 attachment with an address.

GNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description

Date

Description

Descr

SIG	NAT	URE