FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

739987

(6)

PINERIDGE II OWNERS ASSOCIATION, INC.

FILED
May 19 1998 8:00am
Secretary of State

TINETIDGE II OWNERO ASSOCIATION, INC.				
Principal Place of Business	Mailing Address		1 (SOUTH ISSUES HAIR FORE) 15 IN 1551 STATE STA	ter asmel acatt armit asmit imbt
\$927-B N.W. 23 TERR. 7522 NW CR 236 GAINESVILLE FL 32653 ALACHUA FL 32615 US			3. Date Incorporated or Qualified 08/24/1977	
09			4. FEI Number	Applied For
			59-1762892	Not Applicable
2. Principal Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22	27		Trust Fund Contribution	Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowner	
Zip Country	Zip	Country		□ No
	 '	Country	8. This corporation owes or has paid the cur	rrent year Intangible
24 25 9. Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
81 Name				
ROCKWELL, JAMES E				
7522 NW CR 236	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
ALACHUA FL 32615	B3			
ALACHOA I & SZUIS				
		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 ANDESC COCKWELL				
Signature, typed or printed name of registered agont 12. OFFICERS AND		Registered Agent signature requi		DIDEOTORO IVI 40
112. OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME ROCKWELL, JAMES E	DECETE	1.2 NAME		
STREET ADDRESS 7522 NW CR 236		1.3 STREET ADDRESS]
CITY-ST-ZIP ALACHUA FL 32615		1.4 City-St-ZIP		
TITLE VSD	DELETE	2.1 TITLE		Change Addition
NAME HUBER, GEO		2.2 NAME		
STREET ADDRESS 830 NW 60TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL		2. 4 CITY-ST-ZIP		
TITLE D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ADAMS, HAWES		3.2 NAME		
STREET ADDRESS 2822-A3 NW 43RD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL 32606		3.4. CITY-ST-ZIP		
тить	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY+ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		1
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TIFLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 it changed, or on an attachment with an address.

CIONATURE.

and will all address.

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