

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741418 (8)

1. Corporation Name

PEACEFUL PINES HOMEOWNERS, INC.



Principal Place of Business

**19621-53 N TAMiami TR
N FT MYERS FL 33903**

Mailing Address

**19621-53 N TAMiami TR
N FT MYERS FL 33903**

2. Principal Place of Business

2a. Mailing Address

21 19621-46 N TAMiami TR 26 19621-46 N TAMiami TR

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
01/23/1978

3a. Date of Last Report
05/01/1995

4. FEI Number
NOT APPLICABLE

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

**DOROTHY BOTELTTO
19621-38 N TAMiami TR
N. FT. MYERS FL 33903**

81 Name **RONALD G. ANDRUCKO**

82 Street Address (P.O. Box Number is Not Acceptable)
19621-45 N TAMiami TR

83

84 City **N. FORT MYERS** **FL** **85** Zip Code **33903**

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 **RONALD G. ANDRUCKO**
Signature typed or printed name of registered agent and title if applicable

R. Andrucko
Signature of Registered Agent required when reinstating

FEB 12 1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **BOTELHO, DOROTHY**
STREET ADDRESS **19621-38 N TAMiami TR**
CITY-ST-ZIP **N FT MYERS, FL 00000**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **RONALD G. ANDRUCKO**
1.3 STREET ADDRESS **19621-45 N TAMiami TR**
1.4 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **VPS** ☒ DELETE
NAME **FROST, ORA**
STREET ADDRESS **19621-12 N TAMiami TR**
CITY-ST-ZIP **N FT MYERS, FL 00000**

2.1 TITLE **VPS** ☒ Change ☐ Addition
2.2 NAME **KENNETH U. HUBBARD**
2.3 STREET ADDRESS **19621-36 N TAMiami TR**
2.4 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **D** ☒ DELETE
NAME **GOTTO, LARRY**
STREET ADDRESS **19621 N. TAMiami TRAIL, #28**
CITY-ST-ZIP **N FT MYERS, FL 00000**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **BARBARA BOSSE**
3.3 STREET ADDRESS **19621-50 N TAMiami TR**
3.4 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **D** ☒ DELETE
NAME **FROST, GEORGE**
STREET ADDRESS **19621-12 N TAMiami TR**
CITY-ST-ZIP **N FT MYERS, FL 00000**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **LILH DOMBROSKIE**
4.3 STREET ADDRESS **19621-34 N TAMiami TR**
4.4 CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **T** ☒ DELETE
NAME **LAWERENCE J. GATTA**
STREET ADDRESS **19621-29 N. TAMiami TR**
CITY-ST-ZIP **N FT MYERS FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **ELSIE LINDER**
5.3 STREET ADDRESS **19621-16 N TAMiami TR**
5.4 CITY-ST-ZIP **N FORT MYERS FL 33903**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **T** ☐ Change ☒ Addition
6.2 NAME **ANNA-MARIE SCHEIDL**
6.3 STREET ADDRESS **19621-46 N TAMiami TR**
6.4 CITY-ST-ZIP **N. FORT MYERS FL 33903**

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: **BARBARA BOSSE** *Barbara Bosse* **FEB 12/96 941-543-5114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)