


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **741905** (4)

1. Corporation Name

**PINE MEADOW ASSOCIATION, INC.**



Principal Place of Business <b>4312 PINE MEADOW LANE SARASOTA FL 34233-1207</b>	Mailing Address <b>4312 PINE MEADOW LANE SARASOTA FL 34233-3635 US</b>
----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>03/06/1978</b>	3a. Date of Last Report <b>03/15/1996</b>
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>65-0344589</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BALL, CHARLES H.  
910 SARASOTA BANK BLDG.  
SARASOTA FL**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYELIN, TIM</b>	1.2 NAME	
STREET ADDRESS	<b>4371 PINE MEADOW LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREDINBURG, DENNIS</b>	2.2 NAME	
STREET ADDRESS	<b>4381 PINE MEADOW LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACHTEL, WENDY</b>	3.2 NAME	
STREET ADDRESS	<b>4349 PINE MEADOW LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEEHR, JEFF</b>	4.2 NAME	
STREET ADDRESS	<b>4332 PINE MEADOW LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINER, JEFF</b>	5.2 NAME	
STREET ADDRESS	<b>4303 PINE MEADOW TERR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEPNER, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>4349 PINE MEADOW TERRACE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	6.4 CITY - ST - ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey J. Deehr* **Jeffrey J. Deehr** 3-14-97 941-377-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0063043**

CR2E037 (9/96)