

# 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 # **745927** (4)

1. Corporation Name

**PINERIDGE IV OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

6814 SW 45 AVE  
GAINESVILLE FL 32608  
US

1214 NW 8TH AVE  
GAINESVILLE FL 32601  
US

3. Date Incorporated or Qualified  
**02/13/1979**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business  
21 **1810 NW 6th Street**

2a. Mailing Address  
26 **1810 NW 6th Street**

4. FEI Number  
**59-1891844**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**Suite A**

27 Suite, Apt. #, etc.  
**Suite A**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State  
**Gainesville, FL.**

28 City & State  
**Gainesville, FL.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country  
**32609 Alachua**

29 Zip Country  
**32609 Alachua**

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

**SEYMOUR, HAL  
1109 NW 13TH STREET  
GAINESVILLE FL 32601**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	STROSNIER, D.A.	
STREET ADDRESS	ROUREL ROUTE 3 BOX 99C	
CITY - ST - ZIP	GAINESVILLE FL 32606	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SEYMOUR, HAL	
STREET ADDRESS	1109 NW 13TH STREET	
CITY - ST - ZIP	GAINESVILLE FL 32601	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BLAKEY, FRED	
STREET ADDRESS	RR 01 BOX 312-25	
CITY - ST - ZIP	BELL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Hal Seymour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-18-96**

Date

Daytime Phone #

CR2E037 (12/95)