

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749166** (5)

1. Corporation Name

GOLF N' PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2828 PROCTOR RD
SARASOTA FL 34231
US

2828 PROCTOR RD
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1979** 3a. Date of Last Report **03/01/1994**

4. FEI Number **59-2052373** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **Golf N' Pines Condominium**
Suite, Apt. #, etc.

26 **830 South**
Suite, Apt. #, etc.

22 **830 South Tamiami Tr**
City & State

27 **Tamiami Trail**
City & State

23 **Osprey, Fl.**
Zip Country

28 **Osprey Fl.**
Zip Country

24 **34229** 25 **Sarasota**

29 **34229** 30 **Sarasota**

5. Certificate of Status (Filed) **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

MILLER MANAGEMENT SERVICES INC
2828 PROCTOR RD
SARASOTA FL 34231

81 Name **Mario Pezzella**
82 Street Address (P.O. Box Number is Not Acceptable) **3860 Malec Cir.**
83
84 City **Sarasota** FL 85 In Code **34233**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mario Pezzella*

NOTE: Registered Agent signature required when reinstating

DATE **4-26-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **TOMS, GEORGE**
STREET ADDRESS **5973 NUTMEG**
CITY - ST - ZIP **SARASOTA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DVP**
NAME **PATTON, WENDY D**
STREET ADDRESS **2915 LEXINGTON ST. #17**
CITY - ST - ZIP **SARASOTA FL**

2.1 TITLE Change Addition
2.2 NAME **Wendy D. Patton**
2.3 STREET ADDRESS **2915 Lexington St. #17**
2.4 CITY - ST - ZIP **Sarasota, FL**

TITLE **DTS**
NAME **PEZZELLA, MARIO SR.**
STREET ADDRESS **3860 MALEC CIR**
CITY - ST - ZIP **SARASOTA FL**

3.1 TITLE Change Addition
3.2 NAME **Mario Pezzella Sr.**
3.3 STREET ADDRESS **3860 Malec Cir.**
3.4 CITY - ST - ZIP **Sarasota, FL**

TITLE **D**
NAME **REED, WILLIAM**
STREET ADDRESS **2915 LEXINGTON ST, #20**
CITY - ST - ZIP **SARASOTA FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **DUNCAN, BENNIC**
STREET ADDRESS **6300 MIDNIGHT PASS RD.**
CITY - ST - ZIP **SARASOTA FL**

5.1 TITLE Change Addition
5.2 NAME **Bennice Duncan**
5.3 STREET ADDRESS **6300 Midnight Pass Rd.**
5.4 CITY - ST - ZIP **Sarasota, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Mario Pezzella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO PEZZELLA

DATE **4-4-95** DAYTIME PHONE # **813-921-3228**