FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT #
1. Corporation Name

750598

(5)

CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FORES T, INC.

T, INC	•				
Principal Place of Business		Mailing Address			NATI BIBLI BIBLI DIBLI BIBLI BIBLI BIBLI IDDI
P.O. BOX 10067 Bradenton FL 34282		P.O. BOX 10067 BRADENTON FL 34282			
				3. Date Incorporated or Qualified 01/14/1980	3a. Date of Last Report 02/10/1995
2. Principal Place of Business 2a.		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2111138	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	55.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	9. Name and Address of Curren	29	30		Yes No
	3. Hame and Address of Control	r negistered Agent	81 Name	10. Name and Address of New Re	 -
				HARMUNY MAWA	
				Address (P.O. Box Number Is Not Acceptable	116500
4400 EL CONQUISTAGORE PKWY #13 BRADENTON FL 34282 63 63				λ .	VISTADOR
DRAUEN	IION FL 34262			PAUKWAJ	1
			84 City	British Tou	FL 85 Zip Code 2 V2/
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above named co	orporation submits this statement for the purp	ose of changing its registered office
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, br 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	1000000	1231			2/24/96
	Signature, typed of printed name of registered agent	arici title il applicable (NO	E: Registered Agent signature r		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	S	DE LETE	1.1 TITLE	501.	Change
NAME	LONG, EDITH M.		1.2 NAME	Shinn, Jiny	•
STREET ADDRESS	7720 4TH AVE W		1.3 STREET ADDRESS	Brada ton, E	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	BIAdanton	
TITLE	PD	DELETE	2 1 TITLE	PD Richard NIA	722 Change Addition
NAME	LUNDERGAN, HAROLD		2.2 NAME	Care 1/15 the	
STREET ADDRESS	8007 4TH AVENUE W		2.3 STREET ADDRESS	BUNDEN TON, FC	-
CITY-S1-ZIP	BRADENTON FL	∑ DELETE	2. 4 CITY - ST - ZIP	13 PHILE TOWN	A 100
TITLE	VP	Deficeric	3.1 TITLE	Y PeriTz, Rich	Change Addition
NAME CTOTET ADDRESS	MAZZA, JOSEPH L.		3.2 NAME	7626 456 MA	W
STREET ADDRESS	7613 4TH AVE W		3.3 STREET ADDRESS	Readle Tom to	L .
CiTY-ST-ZiP TiTLE	BRADENTON FL D	□ S DE LETE	34. CITY-ST-ZIP 41 TITLE	Peritz, Rich 7626 476 ma Brodin Ton, F D KACMMENLOW,	\Change
NAME	WALTHIUS, GEORGE		4. 2 NAME	D KACMMERLAW,	JOHNOL
STREET ADDRESS	7922 4TH AVE W		4.3 STREET ADDRESS	1 /Y/Y W/4/K**	<i>,</i>
CITY-ST-ZiP	BRADENTON FL		4.4 CITY-ST-ZIP	Brale Ton F	
TITLE	D	₩ ÓÉLETE	51 TITLE	130 444	Debange ☐ Addition
NAME	MADDEN, WILLIAM		5.2 NAME	D & NISSOW, 1	Ruhart
STREET ADDRESS	7605 4TH AVE W		5.3 STREET ADDRESS	7610 4164	ne w
CITY-SI-ZIP	BRADENTON FL		5.4 CiTY-ST-ZIP	Bralenton	FC
TITLE	TD	Z SELETE	61 TITLE	1 (1)	• Change Addition
NAME	SNYDER, GERALD F.	,	6.2 NAME	Brade Por 1=1 D NISSON, 1 THO YEAR Braden Port D COCORAN S.	M
STREET ADDRESS	7915 4TH AVE W.		6.3 STREET ADDRESS	75/2 Y/a mu	
CITY - ST- ZIP	BRADENTON FL		6.4 CITY-ST-ZIP	75/2 YE men Broken Fi	
14. I do hereb	v certify that the information supplied v	with this filing is voluntarily furni	shed and does not qua	lify for the exemption stated in Section 119.0	7(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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

Daytime Phone #

CR2E037 (12/95)