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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **750598** **(5)**

1. Corporation Name

CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FORES T, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10067 BRADENTON FL 34282	P.O. BOX 10067 BRADENTON FL 34282-0067

3. Date Incorporated or Qualified: **01/14/1980**
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business
21:
Suite, Apt. #, etc
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **59-2111138** ☐ 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

HARMONY MANAGEMENT , INC
4400 EL CONQUISTAGORE PARKWAY
BRADENTON FL 34282

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHINN, GLADYS		1.2 NAME	
STREET ADDRESS	7722 4TH AVENUE WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NIETZEL, RICHARD		2.2 NAME	
STREET ADDRESS	8011 4TH AVENUE WEST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PERITZ, RICHARD		3.2 NAME	
STREET ADDRESS	7628 4TH AVENUE WEST		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KAEMMERLAW, JOANNE		4.2 NAME	
STREET ADDRESS	7818 4TH AVENUE WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NILSSON, RICHARD		5.2 NAME	
STREET ADDRESS	7410 4TH AVENUE WEST		5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COCORAW, JIM		6.2 NAME	
STREET ADDRESS	7512 4TH AVENUE WEST		6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: G. SHINN 1-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064273