

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757414** (8)

1. Corporation Name

PINE TERRACE IMPROVEMENT CLUB, INC.

Principal Place of Business

Mailing Address

2900 E LAKE HARTRIDGE
WINTER HAVEN FL 33881-1934

2900 E LAKE HARTRIDGE
WINTER HAVEN FL 33881-1934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1981

3a. Date of Last Report

09/19/1994

4. FEI Number

59-2081549

Applied For

Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fees 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEMMER, GARY
2900 LAKE HARTRIDGE DRIVE EAST
WINTER HAVEN FL 33881

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 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 607.0509, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BARRES, JEFF
STREET ADDRESS	2903 LAKE HARTRIDGE DR, EAST
CITY - ST - ZIP	WINTER HAVEN FL 33881
TITLE	ST
NAME	SCHEMMER, GARY.
STREET ADDRESS	2900 LAKE HARTRIDGE DR., EAST
CITY - ST - ZIP	WINTER HAVEN FL 33381
TITLE	D
NAME	OSTRANDER, HALLIE
STREET ADDRESS	1012 INMAN TERRACE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	D
NAME	SCHEMMER, BETSEY
STREET ADDRESS	2900 LAKE HARTRIDGE DR., EAST
CITY - ST - ZIP	WINTER HAVEN FL 33381
TITLE	VP
NAME	MCMICHAEL, ANTHONY
STREET ADDRESS	1018 INMAN TERRACE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	D
NAME	ROGGIN, MELBA
STREET ADDRESS	1018 INMAN TERR
CITY - ST - ZIP	WINTER HAVEN FL

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 110.07(3)(b), 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:

Gary Schemper s/t
GARY SCHEMMER
Signature and typed or printed name of signing officer or director

4/26/95

(813) 294-5457

Date

Telephone Number