

**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 # **757414** (8)

1. Corporation Name  
**PINE TERRACE IMPROVEMENT CLUB, INC.**



Principal Place of Business: **2900 E LAKE HARTRIDGE WINTER HAVEN FL 33881-1934**  
Mailing Address: **2900 E LAKE HARTRIDGE WINTER HAVEN FL 33881-1934**

3. Date Incorporated or Qualified: **04/03/1981**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2081549</b>	<input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRES, JEFF</b>	1.2 NAME	<b>Barnes, Jeff</b>
STREET ADDRESS	<b>2903 LAKE HARTRIDGE DR, EAST</b>	1.3 STREET ADDRESS	<b>2930 Lk. Hartridge Dr., East</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	1.4 CITY-ST-ZIP	<b>Winter Haven, FL. 33881</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHEMMER, GARY.</b>	2.2 NAME	<b>Schemmer, Gary</b>
STREET ADDRESS	<b>2900 LAKE HARTRIDGE DR., EAST</b>	2.3 STREET ADDRESS	<b>2900 Lk. Hartridge Dr., East</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33381</b>	2.4 CITY-ST-ZIP	<b>Winter Haven, FL. 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTRANDER, HALLIE</b>	3.2 NAME	
STREET ADDRESS	<b>1012 INMAN TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHEMMER, BETSEY</b>	4.2 NAME	
STREET ADDRESS	<b>2900 LAKE HARTRIDGE DR., EAST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33381</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMICHAEL, ANTHONY</b>	5.2 NAME	<b>McMichael, Anthony</b>
STREET ADDRESS	<b>1018 INMAN TERRACE</b>	5.3 STREET ADDRESS	<b>1018 Inman Terrace</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	5.4 CITY-ST-ZIP	<b>Winter Haven, FL. 33881</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGGIN, MELBA</b>	6.2 NAME	
STREET ADDRESS	<b>1016 INMAN TERR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	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: Jeff Barnes Jeff Barnes 3-15-96 941-294-5995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)