

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 # 759527 (5)

1. Corporation Name

PINE MEADOWS COVE HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

3065 PINE COVE PL
EUSTIS FL 32726

3065 PINE COVE PL
EUSTIS FL 32726
US



3. Date Incorporated or Qualified
08/07/1981

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2138254

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

10. Name and Address of New Registered Agent

MURPHY, ROBERT D.
3026 PINE COVE PLACE
EUSTIS FL 32726

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

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 PD ☐ DELETE
NAME CHADWICK, WILLIAM T
STREET ADDRESS 3040 PINE COVE PLACE
CITY-ST-ZIP EUSTIS FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME VAUGHN, CHARLES B.
STREET ADDRESS 3065 PINE COVE PLACE
CITY-ST-ZIP EUSTIS FL

21 TITLE TD ☒ Change ☐ Addition
22 NAME ATKINS, WILLIAM G.
23 STREET ADDRESS 3065 PINE COVE PLACE
24 CITY-ST-ZIP EUSTIS, FL

TITLE SD ☐ DELETE
NAME LOESCHER, DOROTHY E.
STREET ADDRESS 3020 PINE COVE PLACE
CITY-ST-ZIP EUSTIS FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME HOGAN, THOMAS J.
STREET ADDRESS 3029 PINE COVE PLACE
CITY-ST-ZIP EUSTIS FL

41 TITLE VD ☒ Change ☐ Addition
42 NAME BAIN, ROBERT A.
43 STREET ADDRESS 3046 PINE COVE PLACE
44 CITY-ST-ZIP EUSTIS, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

William G. Atkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 1996 352-357-9767
Date Daytime Phone #

CR2E037 (12/95)