

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760980** (3)
1. Corporation Name
PINE GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 7165 ALMENDRO TERRACE FORT MYERS FL 33907 US	Mailing Address C/O BENSON'S, INC. 12650 WHITEHALL DRIVE FORT MYERS FL 33907
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/09/1981	Applied For ☐ Yes ☐ No
4. FEI Number 59-2157361	Not Applicable
5. Certificate of Status Desired ☐ Yes ☐ No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☐ No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
**BENSON, MARK
12650 WHITEHALL DRIVE
FORT MYERS FL 33907**

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	PG ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIMM, GEORGE	1.2 NAME	
STREET ADDRESS	7165-4 ALMENDRO TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRIER, ED	2.2 NAME	
STREET ADDRESS	7127-43 PENNER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PYSARCHUK, LYNNE	3.2 NAME	
STREET ADDRESS	7161-4 PENNER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VALENTINE, JOAN	4.2 NAME	
STREET ADDRESS	7129-1 LYLE TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, JOE	5.2 NAME	
STREET ADDRESS	7195-3 LYLE TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra B. Mortham* 1-14-98 936-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057150

CR2E037 (10/97)