FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # 760980

1. Corporation Name

PINE GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90072 010 ****61.25



7165 ALMENDR FORT MYERS I US	•	C/O BENSON'S. INC. 12650 WHITEHALL DRIVE FORT MYERS FL 33907								
—	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 12/09/1981				
21	11 -1-	Suite, Apt. #, etc.				4. FEI Number		TAN	plied For	
Suite, Apt.	#, etc.	F-1 ' ' '				59-2157361			Applicable	
22		City & State	City & State			00 2 107 00 1		\$8.75 A		
City & State	•	28	¬ '			5. Certifcate of Status Desired		Fee Re		
Zip	Country	Zip	Country			6. Election Campaign Financing		\$5.00		
24 25 29 30				Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent						
	9. Name and Address of Current	Registered Agent		81	Name	TO. Name and Address of New P	(agistorea :	ngent		
				•	Name					
BENSON, MARK			[82	Street Ad	ddress (P.O. Box Number is Not Accepta	ible)		_	
12650 WHITEHALL DRIVE FORT MYERS FL 33907			7	83						
				84	City	1	FL	85 Zip C	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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	Agent :	signature req	ulred when reinstating)	OATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PG	DELETE	1.1 TfTL	E.				Change	☐ Addition	
NAME	GRIMM, GEORGE		1.2 NAM	Æ						
STREET ADDRESS	7165-4 ALMENDRO TERR		1.3 STR	EET A	NOORESS				1	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY	Y-ST-	ZIP				f	
TITLE	VD	☐ DELETE	2.1 7171			PD	<u> </u>	Change	☐ Addition	
NAME	TRIER, ED		2.2 NAME		1	Trier, Ed		,		
	7127-43 PENNER LANE				ADDRESS .	7127-43 Penner Lane				
STREET ADDRESS				2.4 CITY-ST-ZIP		Fort Myers, FL 33907				
CITY-ST-ZIP	FT. MYERS FL OELETE			F				Change	Addition	
TITLE	· · · · · · · · · · · · · · · · · · ·		3.2 NAM		- 1	VD .			<i>/</i> -'	
NAME	PYSARCHUK, LYNNE					Brand, Dean 7133-1 Lyle Terrace			}	
STREET ADDRESS	7161-4 PENNER LANE			3.3 STREET AD		Fort Myers, FL 33907				
CITY-ST-ZIP	FORT MYERS FL	☐ DELETE						Change	Addition	
TITLE	SD CAN ENTINE LOAN	₩ DELEIE	4.1 TITL			D Tonos Pombano			/-	
NAME	VALENTINE, JOAN		4. 2 NA			Jones, Barbara			İ	
STREET ADDRESS	7129-1 LYLE TERR				ADDRESS	7165 Lyle Terrace Fort Myers, FL 33907				
CITY-ST-ZIP	FT MYERS FL	DELETE	4.4 CIT		ZIP			☐ Change	Addition	
ΠΓLE	D	₩ DELETE	5.1 TITL 5.2 NAM					□ Mange		
NAME	ROSE, JOE				ADDDCCC					
STREET ADDRESS	7195-3 LYLE TERR				ADDRESS					
CITY-ST-ZIP	FT MYERS FL		5.4 CIT		ZIP			☐ Change	Addition	
TITLE		☐ DELETE						☐ change	☐ ₩000000	
NAME			6.2 NAM		[
STREET ADDRESS			6.3 STF	REET /	ADDRESS					
CITY, ST. 7IP			6.4 CIT	Y-ST-	ZIP				1	

14. I 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 supplied all 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 ceiver 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, with all other like empowered.

SIGNATURE

URE REQUIRED TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR