

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 046 ****61.25

DOCUMENT # 761206

1. Entity Name
PINE CREST SOUTH ASSOCIATION, INC.



Principal Place of Business
142 S.W. CRESCENT ST
LAKE CITY, FL 32025 US

Mailing Address
142 S.W. CRESCENT ST
LAKE CITY, FL 32025 US

50059655



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2315137

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, MARGARET P
142 SW CRESCENT ST
LAKE CITY, FL 32025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME PROVEAUX, BETTY A
STREET ADDRESS 200 SW CRESCENT STREET
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE DP ☐ Change ☒ Addition
NAME Allen Michael
STREET ADDRESS 156 SW Crescent St.
CITY-ST-ZIP Lake City, FL 32025

TITLE VD ☒ Delete
NAME TOUCHTON, DORIS
STREET ADDRESS 198 SW CRESCENT ST
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE VD ☐ Change ☒ Addition
NAME Harris Clyde
STREET ADDRESS 146 SW Crescent St.
CITY-ST-ZIP Lake City, FL 32025

TITLE TD ☐ Delete
NAME COLLINS, MARGARET P
STREET ADDRESS 142 SW CRESCENT ST
CITY-ST-ZIP LAKE CITY, FL 320255850

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME BISHOP, VIRGINIA H
STREET ADDRESS 132 SW CRESCENT STREET
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE SD ☐ Change ☒ Addition
NAME LeBreck Deborah
STREET ADDRESS 168 SW Crescent St.
CITY-ST-ZIP Lake City, FL 32025

TITLE D ☐ Delete
NAME REAL, HELEN
STREET ADDRESS 188 SW CRESCENT ST
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HARRIS, CLYDE
STREET ADDRESS 1467 SW CRESCENT STREET
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret P. Collins TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/05 (386) 758-4912
Date Daytime Phone #