## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

FILED Mar 05 1998 8:00am Secretary of State

POCU Corporation	MENT # 76182	25 (9)					
	N PINES CONDOMINIUM 1	WO ASSOCIATION, INC	<b>.</b>				
Principal Place of Business Mailing Address						AN GIBN BIBN BIBN BI	
3071 SE ASTER LANE #205 3071 SE ASTER LANE #205			05		3. Date Incorporated or Qualified	<u> </u>	
STUART FL 34	157 <b>4</b>	STUART FL 34994			02/23/1982	<del></del>	
					4. FEI Number	<del>     </del>	pplied For ot Applicable
2. Principal Place of Business 2a. Mailing Address					59-2168349		
21	26				5. Certificate of Status Desired		equired
	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	
22 City & Stol	2   27   City & State   City & State			Trust Fund Contribution			
23 28				7. Is this nonprofit corporation a homeowners association?			n?
Zip				Country 8. This corporation owes or has paid the current year Intang			
24	25	29	30		Personal Property Tax due June 30.		No
	9. Name and Address of Curr	ant Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
DENOIT	ANNE			İ		<del></del>	
BENOIT, ANNE 3071 S.E. ASTER LN. STUART FL 33494			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
			83				
010,			84	City		- 85 Zip (	Code
44 Duranas	to the new delena of Captions 617.00	00 and 647 4500 Florida Statut	on the show	n named sar	poration submits this statement for the surpo	FL Control of the project of the pro	te registered
office or i	registered agent, or both, in the Stal am familiar with, and accept the obli	te of Florida. Such change was a gation of, Section 617.0503, Florida.	outhorized by orida Statutes	the corpora s.	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as	registered
SIGNATURE							
12.	Signature, typed or printed name of registered a	ngent and title If applicable. (NOT) ND DIRECTORS	E: Registered Age	ent signature requ	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	· · · · · · · · · · · · · · · · · · ·		1.1 TITLE		7.557.107.51.07.51.07.51.0	Change	Addition
NAME	RONNENBURGER, ROSALIND		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	STUART FL		1.4 CITY - S	IT- ZIP			
TITLE			2.1 TITLE	-		☐ Change	Addition
NAME	450110501 CCCC11		2.2 NAME				ļ
STREET ADDRESS	***************************************		2.3 STREET	ADDRESS .			
CITY-ST-ZIP			2.4 CITY-1	ST-ZIP		Change	Addition
TITLE	<del>-</del>		3.1 TITLE			☐ Change	☐ Addition
NAME CORET ADDRESS			3.2 NAME 3.3 STREET	ANDERE	•		
STREET ADDRESS	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3.4. CITY-5	1			
CITY-ST-ZIP TITLE	OTOMNI TE	☐ DELETE	4.1 TITLE	31-71		☐ Change	Addition
NAME			4. 2 NAME			-	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4,4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		4. 1	Change	Addition
NAME			5.2 NAME	1	•		
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		[] 6b	Addition
TITLE		☐ DELETE	6.1 TITLE		•	Change	Addition
NAME			6.2 NAME	1000000			
STREET ADDRESS			6.3 STREET				
City-St-ZiP	certify that the information supplied	with this filing does not qualify for	6.4 CITY - S or the exemp		Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information

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 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.

Rose Section