

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763642 (6)
1. Corporation Name
PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
6872 TIMBER PINES BLVD 6872 TIMBER PINES BLVD.
SPRING HILL FL 34606 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/10/1982		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-2209023		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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐		\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30
22 City & State	28	29 City & State	31
23 Zip	25 Country	29 Zip	31 Country

9. Name and Address of Current Registered Agent

LEIBBACHER, ALBERT R.
6872 TIMBER PINES BLVD.
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, officer or director

(NOTE: Registered Agent's signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEIBBACHER, ALBERT R. 6872 TIMBER PINES BLVD. SPRING HILL FL	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	VD LORCH, RANDOLPH 6872 TIMBER PINES BLVD. SPRING HILL FL	21 TITLE	☒ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	D NORIDGE, RUTH 6872 TIMBER PINES BLVD. SPRING HILL FL	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	VD DIXON, ROBERT A. 6872 TIMBER PINES BLVD. SPRING HILL FL	41 TITLE	☒ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	SD CLARK, ELEANOR 6872 TIMBER PINES BLVD. SPRING HILL FL	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	TD LICK, RALPH J. 6872 TIMBER PINES BLVD SPRING HILL FL	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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:

Ralph J. Lick, Ralph J. Lick, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

604-683-8447

DATE

DAYTIME PHONE #