FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 763642 (6)

1. Corporation Name

PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6872 TIMBER PINES BLVD. SPRING HILL FL 34606	6872 TIMBER PINES BLVD. SPRING HILL FL 34606-3641

3. Date Incorporated or Qualified: 06/10/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOUSER, DON
2136 FORESTER WAY
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

61 Name
62 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOUSER, DON		1.2 NAME	
STREET ADDRESS	2136 FORESTER WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EMANUEL, WILLIAM		2.2 NAME	
STREET ADDRESS	2215 FORESTER WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRACKETT, WILLIAM		3.2 NAME	
STREET ADDRESS	2152 FORESTER WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	DILGER, ALBERT		4.2 NAME	D CASTELEIN, Roger
STREET ADDRESS	6432 NATURE PRESERVE LANE		4.3 STREET ADDRESS	2188 FORESTER WAY
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP	SPRING HILL FL.
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, ELEANOR		5.2 NAME	
STREET ADDRESS	6872 TIMBER PINES BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LICK, RALPH J.		6.2 NAME	
STREET ADDRESS	6872 TIMER PINES BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.