

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766191

FILED
May 01, 2005
Secretary of State

Entity Name: PINE RIDGE PALMS ASSOCIATION, INC.

Current Principal Place of Business:

16300 PINE RIDGE ROAD
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16300 PINE RIDGE ROAD
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2346032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEJONG, JOHN PRES
16300 PINE RIDGE ROAD
W-24
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

KUPFER, ADELINE PRES
16300 PINE RIDGE ROAD
W-24
FT MYERS, FL 33908 US

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.

SIGNATURE: ADELINE KUPFER

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LINDAL, MARK
Address: 16300 PINE RIDGE RD S
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: SCHOFIELD, JAY
Address: 16300 PINE RIDGE ROAD W.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: KEENE, RICHARD
Address: 16300 PINE RIDGE RD W-2
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: PROUD, KEITH
Address: 16300 PINE RIDGE ROAD S. 22
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: KUPFER, ADELINE J
Address: 16300 PINE RIDGE RD W-24
City-St-Zip: FORT MYERS, FL 33908

Title: T (X) Delete
Name: ROGIER, DON
Address: 16300 PINE RIDGE RD V
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LINDAL, MARK
Address: 16300 PINE RIDGE RD S
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELINE KUPFER

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date