FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 8:59

DOCUMENT # **G18894** **(7)**

1. Corporation Name
PINECREST CLUB, INC.

Principal Place of Business	Mailing Address
1200 8TH AVE., S.W. SUITE 301 LARGO FL 34640 US	1200 8TH AVE., S.W. LARGO FL 34640 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1983**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2283122** ☐ 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

HIGGINS, JOHN P
100 SECOND AVENUE SOUTH STREET
12TH FLOOR
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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

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 _____ 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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MOLES, STANLEY S.	12 NAME	
STREET ADDRESS	1200 8TH AVE. S.W.	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WATTS, GARRISON G., MR	22 NAME	
STREET ADDRESS	1200 8TH AVE. S.W.	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SOUCHAK, MICHAEL	32 NAME	
STREET ADDRESS	1200 8TH AVE. S.W.	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	COPE, RICHARD W.	42 NAME	
STREET ADDRESS	1200 8TH AVE. S.W.	43 STREET ADDRESS	
CITY ST ZIP	LARGO FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GREEN, FRED, W	52 NAME	
STREET ADDRESS	1200 8TH AVE. S.W.	53 STREET ADDRESS	
CITY ST ZIP	LARGO FL	54 CITY ST ZIP	
TITLE		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 absolutely true and correct as required by Section 607.0505, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-10-95 (813) 584-6497
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — DATE — DAYTIME TELEPHONE NUMBER

0381200 CP