

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # K58906

(4)

1. Corporation Name

PINE VILLAGE REALTY CORP.

95 APR 25 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% RONALD J. PINE
450 EGRET CIRCLE, CONDOMINIUM 9207
DELRAY BEACH FL 33444-7906

Mailing Address

% RONALD J. PINE
450 EGRET CIRCLE, CONDOMINIUM 9207
DELRAY BEACH FL 33444-7906

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1989

3a. Date of Last Report

02/28/1994

4. FEI Number

65-0089997

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

6. This corporation files returns for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PINE, RONALD J.
450 EGRET CIRCLE
CONDOMINIUM 9207
DELRAY BEACH FL

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

PINE, RONALD J.

STREET ADDRESS

450 EGRET CIRCLE #9207

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

DT

NAME

PINE, JUNE E.

STREET ADDRESS

450 EGRET CIRCLE #9207

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

D

NAME

PINE, RONALD E.

STREET ADDRESS

DAGGETT AVENUE EXT

CITY - ST - ZIP

VINEYARD HAVEN MA

TITLE

D

NAME

PINE, TAMARA J.

STREET ADDRESS

OFF OLD COUNTRY ROAD

CITY - ST - ZIP

WEST TISBURY MA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

June E. Pine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE E. PINE

4-21-95

407-278-7886