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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K58906 (4)  
1. Corporation Name  
PINE VILLAGE REALTY CORP.

Principal Place of Business Mailing Address  
% RONALD J. PINE % RONALD J. PINE  
450 EGRET CIRCLE, CONDOMINIUM 9207  
DELRAY BEACH FL 33444-7906  
450 EGRET CIRCLE, CONDOMINIUM 9207  
DELRAY BEACH FL 33444-7903

3. Date Incorporated or Qualified 01/18/1989 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 5759 S.W. 9TH CT 26 5759 S.W. 9TH CT  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 CAPE CORAL, FL 28 CAPE CORAL, FL  
Zip Country Zip Country  
24 33914 25 33914 29 33914 30

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

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

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 PINE, RONALD J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
5759 S.W. 9TH CT  
83  
84 City CAPE CORAL FL 85 Zip Code 33914

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE DP ☐ DELETE  
NAME PINE, RONALD J.  
STREET ADDRESS 450 EGRET CIRCLE #9207  
CITY-ST-ZIP DELRAY BEACH FL  
TITLE DT ☐ DELETE  
NAME PINE, JUNE E.  
STREET ADDRESS 450 EGRET CIRCLE #9207  
CITY-ST-ZIP DELRAY BEACH FL  
TITLE D ☒ DELETE  
NAME PINE, RONALD E.  
STREET ADDRESS DAGGETT AVENUE EXT  
CITY-ST-ZIP VINEYARD HAVEN MA  
TITLE D ☒ DELETE  
NAME PINE, TAMARA J.  
STREET ADDRESS DAGGETT AVENUE  
CITY-ST-ZIP VINEYARD HAVEN MA  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME PINE, RONALD J.  
1.3 STREET ADDRESS 450 EGRET CIRCLE #9207  
1.4 CITY-ST-ZIP CAPE CORAL, FL 33914  
2.1 TITLE DT ☒ Change ☐ Addition  
2.2 NAME PINE, JUNE E.  
2.3 STREET ADDRESS 450 EGRET CIRCLE #9207  
2.4 CITY-ST-ZIP CAPE CORAL, FL 33914  
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 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 607, 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 (JUNE E. PINE) 4/16/97 941-540-9499

CR2E034 (9/96)