FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 FEB -6 PM 12:06

DOCUMENT # N01330 (2)

1. Corporation Name
PINEBROOK WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7693 FT MYERS FL 33911	P.O. BOX 7693 FT MYERS FL 33911

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2494036 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7181 College Parkway	26 7181 College Parkway
Suite, Apt. #, etc. 22 Suite 42	Suite, Apt. #, etc. 27 Suite 42
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip 24 33907 Country 25 USA	Zip 29 33907 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RANALLI, JOHN 13032 TALL PINE CIRCLE FORT MYERS FL 33907	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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	EGGSPUEHLER, DON	1.2 NAME		
STREET ADDRESS	13116 TALL PINE CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	RANALLI, JOHN	2.2 NAME		
STREET ADDRESS	13032 TALL PINE CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	S/T/D	☐ Change ☐ Addition
NAME	LAUGHLIN MICHEAL	3.2 NAME		
STREET ADDRESS	13092 TALL PINE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	PEIFFER, ANNE	4.2 NAME	Delete	
STREET ADDRESS	13200 TALL PINE CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	LANE, TED	5.2 NAME		
STREET ADDRESS	13163 TALL PINE CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Ted Ranalli Jan 30/95 (813)482-8219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050041