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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N01330 (2)

1. Corporation Name

**PINEBROOK WOODS HOMEOWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7181 COLLEGE PARKWAY<br>SUITE 42<br>FORT MYERS FL 33907<br>US | 7181 COLLEGE PARKWAY<br>SUITE 42<br>FORT MYERS FL 33907-5641<br>US |

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2494036 ☐ 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**

COLDIRON, NANCY
7181 COLLEGE PARKWAY SUITE 42
FT MYERS FL 33907

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 617.0502 and 617.1508, 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 617.0503, 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 | PD | ☒ DELETE | 1.1 TITLE | P/D | ☐ Change ☒ Addition |
| NAME | DEARBORN, JOANNE | | 1.2 NAME | DeBrucky Joseph | |
| STREET ADDRESS | 13016 TALL PINE CLR | | 1.3 STREET ADDRESS | 13203 TALL PINE CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | | 1.4 CITY-ST-ZIP | Ft. Myers, FL 33907 | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | V/D | ☐ Change ☒ Addition |
| NAME | SCHWARTZ, HERBERT | | 2.2 NAME | Williams, Barbara | |
| STREET ADDRESS | 13192 TALL PINE CIRCLE | | 2.3 STREET ADDRESS | 13153 TALL PINE CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | | 2.4 CITY-ST-ZIP | FT. MYERS, FL 33907 | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | T/D | ☐ Change ☒ Addition |
| NAME | LAUGHLIN MICHEAL | | 3.2 NAME | HESER, INGEBORG | |
| STREET ADDRESS | 13092 TALL PINE CIRCLE | | 3.3 STREET ADDRESS | 13104 TALL PINE CIRCLE | |
| CITY-ST-ZIP | FT. MYERS FL | | 3.4 CITY-ST-ZIP | FT. MYERS, FL 33907 | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | S/D | ☐ Change ☒ Addition |
| NAME | ZIEGLER, MARLORIE | | 4.2 NAME | LEVINE, ALYCE | |
| STREET ADDRESS | 13028 TALL PINE CIRCLE | | 4.3 STREET ADDRESS | 13272 TALL PINE CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | | 4.4 CITY-ST-ZIP | FT. MYERS, FL 33907 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | SCHUMANN, RON | | 5.2 NAME | MISSALL, ELISE | |
| STREET ADDRESS | 13260 TALL PINE CIRCLE | | 5.3 STREET ADDRESS | 13163 TALL PINE CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | | 5.4 CITY-ST-ZIP | Ft. Myers, FL 33907 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** X Joseph DeBrucky TITLE President Joseph DeBrucky (941) 277-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055300