

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N12098 (2)  
1. Corporation Name  
THE PINES AT EAGLE RIDGE MASTER ASSOCIATION, INC

Principal Place of Business

11595 KELLY ROAD  
FORT MYERS FL 33908  
US

Mailing Address

11595 KELLY ROAD  
STE - 123  
FORT MYERS FL 33908  
US



3. Date Incorporated or Qualified  
11/14/1985

3a. Date of Last Report  
04/13/1995

2. Principal Place of Business

21 12661 NEW BRITTANY BLVD

2a. Mailing Address

26 12661 NEW BRITTANY BLVD

4. FEI Number  
59-2654041

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33907

Country

25 USA

Zip

29 33907

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAROL J HENKE C/O INNOVATIVE MGT GROUP  
11595 KELLY ROAD  
STE - 123  
FORT MYERS FL 33908

81 Name  
CAROL J. HENKE c/o MARQUIS Mgmt.  
82 Street Address (P.O. Box Number is Not Acceptable)  
12661 NEW BRITTANY BLVD  
83  
84 City  
FL 85 Zip Code  
33907

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

*Carol J Henke*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME \*  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FOWLER, JACK  
8131 TIMBERTREE WAY  
WEST CHESTER OH

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VATD  
MAYO, ROBERT  
7131 GOLDEN EAGLE CT 714  
FORT MYERS FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DT  
Sayre, Samuel  
7110 Golden Eagle Ct. #422  
Ft. Myers, FL.  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
STEIN, ROBERT  
7131 GOLDEN EAGLE CT / STE - 722  
FT MYERS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
DV  
Wright, Ernie  
7110 Golden Eagle Ct. #412  
Ft. Myers, FL  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
HORN, BAYARD  
7141 GOLDEN EAGLE CT 823  
FT MYERS FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORGAN, DENNIS E  
7131 GOLDEN EAGLE CT 721  
FT MYERS FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DAVIDSON, GERALD  
7111 GOLDEN EAGLE CT  
FORT MYERS FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
900001792459  
-04/24/96--01047--005  
\*\*\*61.25  
☐ Change ☐ Addition  
4-23-96

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)(k), 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:

*Gerald W. Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gerald W. Davidson*

Date

3/25/96

Daytime Phone #

941  
939-3461

CR2E037 (12/95)