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FILED

Apr 23 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 # N12098 (2)
1. Corporation Name
THE PINES AT EAGLE RIDGE MASTER ASSOCIATION, INC



Principal Place of Business Mailing Address
12661 NEW BRITTANY BOULEVARD **12661 NEW BRITTANY BOULEVARD**
FORT MYERS FL 33907 **FORT MYERS FL 33907-3631**
US **US**

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

3. Date Incorporated or Qualified **11/14/1985** 3a. Date of Last Report **04/23/1996**
4. FEI Number **59-2654041** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAROL J. HENKE C/O MARQUIS MANAGEMENT
12661 NEW BRITTANY BOULEVARD
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name **Stilphen, Peter**
82 Street **Marquis Management, Inc.**
83 **12661 New Brittany Blvd.**
84 City **Fort Myers, FL 33907**
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

Peter Stilphen

PETER STILPHEN

1/20/97

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 | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | FOWLER, JACK | |
| STREET ADDRESS | 8131 TIMBERTREE WAY | |
| CITY-ST-ZIP | WEST CHESTER OH | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | SAYRE, SAMUEL | |
| STREET ADDRESS | 7110 GOLDEN EAGLE COURT #422 | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | WRIGHT, ERNIE | |
| STREET ADDRESS | 7110 GOLDEN EAGLE COURT #412 | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVIDSON, GERALD | |
| STREET ADDRESS | 7111 GOLDEN EAGLE COURT | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------------|--|
| 1.1 TITLE | DST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WIKINS, HANK | |
| 1.3 STREET ADDRESS | 7171 GOLDEN EAGLE CT 1114 | |
| 1.4 CITY-ST-ZIP | FT. MYERS, FL 33912 | |
| 2.1 TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MAYO, BOB | |
| 3.3 STREET ADDRESS | 7131 GOLDEN EAGLE CT A 823 | |
| 3.4 CITY-ST-ZIP | FORT MYERS, FL 33912 | |
| 4.1 TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | BASSETT, LINDA | |
| 4.3 STREET ADDRESS | 7110 GOLDEN EAGLE CT 421 | |
| 4.4 CITY-ST-ZIP | FT. MYERS, FL 33912 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hank Wikins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Date

939-3461

Daytime Phone # 0055423

CR2E037 (9/96)