

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90073 010 ****61.25

DOCUMENT # N12098

1. Corporation Name

THE PINES AT EAGLE RIDGE MASTER ASSOCIATION, INC

Principal Place of Business

6213-E PRESENTIAL CT
6213-E PRESIDENTIAL COURT S.W.
FORT MYERS FL 33919
US

Mailing Address

6213-E PRESIDENTIAL CT
6213-E PRESIDENTIAL COURT S.W.
FORT MYERS FL 33919
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/14/1985

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

9. Name and Address of Current Registered Agent

HENKE, CAROL J
C/O HENKE PROPERTY MANAGEMENT INC
6213-E PRESIDENTIAL CT
FT MYERS FL 33919

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

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 DST ☐ DELETE
NAME WILKINS, HANK
STREET ADDRESS 7171 GOLDEN EAGLE CT 1114
CITY-ST-ZIP FT MYERS FL 33912

TITLE DVP ☐ DELETE
NAME SAYRE, SAMUEL
STREET ADDRESS 7110 GOLDEN EAGLE COURT #422
CITY-ST-ZIP FORT MYERS FL 33912

TITLE DP ☐ DELETE
NAME MAYO, BOB
STREET ADDRESS 7131 GOLDEN EAGLE CT #823
CITY-ST-ZIP FT MYERS FL 33912

TITLE DVP ☐ DELETE
NAME BASSETT, LINDA
STREET ADDRESS 7110 GOLDEN EAGLE CT 421
CITY-ST-ZIP FT MYERS FL 33912

TITLE D ☐ DELETE
NAME HORN, BAYARD
STREET ADDRESS 7141 GOLDEN EAGLE CT., #853
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

941-481-7150

Daytime Phone #

CR2E037 (11/98)