

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90046 025 ****70.00

DOCUMENT # N14021

1. Entity Name

**PINE FOREST INDUSTRIAL PARK OWNERS
ASSOCIATION, INC.**



Principal Place of Business

1785 W. NINE MILE RD.
PENSACOLA FL 32534

Mailing Address

1785 W. NINE MILE RD.
PENSACOLA FL 32534

2. Principal Place of Business

1789 West 9 mile Rd

Suite, Apt. #, etc.

3. Mailing Address

1789 West 9 mile Rd

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3653538

Applied For

Not Applicable

Zip

32534

Country

ESCAMBIA

Zip

32534

Country

ESCAMBIA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSH, DEBORAH
1785 W NINE MILE RD
PENSACOLA FL 32534

7. Name and Address of New Registered Agent

Name

Jesse Bono

Street Address (P.O. Box Number is Not Acceptable)

1789 West 9 mile Rd

City

Pensacola

FL

Zip Code

32534

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jesse Bono PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/18/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SHERWOOD, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1801 W 9 MILE RD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE NAME	DV HOWIE, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS	14645 INNERARITY RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME	STD BUSH, DEBORAH	<input type="checkbox"/> Delete
STREET ADDRESS	1785 W NINE MILE RD	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Jesse Bono	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1789 West 9 mile Rd	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE NAME	DV William Sherwood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 West 9 mile Rd	
CITY-ST-ZIP	Pensacola, FL 32534	
TITLE NAME	STD Doug Howie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14645 Innerarity Rd	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jesse Bono

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/04 850474-9929

Date

Daytime Phone #