

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N17294 (2)**

1. Corporation Name  
**PINE WOODS HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.**



Principal Place of Business Mailing Address  
**705 PINEY LN. 705 PINEY LN.**  
**P.O. BOX 994 P.O. BOX 994**  
**CANTONMENT FL 32533 CANTONMENT FL 32533**

3. Date Incorporated or Qualified **10/13/1986** 3a. Date of Last Report **04/28/1995**  
 4. FEI Number **NOT APPLICABLE** 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

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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CROSBY, LARRY**  
**705 PINEY LANE**  
**CANTONMENT FL 32533**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROSBY, LARRY	
STREET ADDRESS	705 PINEY LANE	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MORRIS, MILES	
STREET ADDRESS	810 PINEY LANE	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BLACKBURN, LIS	
STREET ADDRESS	770 PINEY LN	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GILLIAM, TOM	
STREET ADDRESS	751 PINEYLANE	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELF, JIMMIE	
STREET ADDRESS	820 PINEY LN.	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTSON, JIM	
STREET ADDRESS	741 PINEY LANE	
CITY - ST - ZIP	CANTONMENT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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: [Signature] Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)