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Mar 06 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 # N17294 (2)

1. Corporation Name

PINE WOODS HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.



Principal Place of Business

Mailing Address

705 PINEY LN.
P.O. BOX 994
CANTONMENT FL 32533

705 PINEY LN.
P.O. BOX 994
CANTONMENT FL 32533-0994

3. Date Incorporated or Qualified
10/13/1986

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSBY, LARRY
705 PINEY LANE
CANTONMENT FL 32533

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	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 checked="" 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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAM LITTLETON	
3.3 STREET ADDRESS	831 PINEY LANE	
3.4 CITY-ST-ZIP	CANTONMENT FLA 32533	
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 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/97

Daytime Phone # 904-968-7822

0073337

CR2E037 (9/96)