

1-23-97 B-7995  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 23 1997 8:00am  
Secretary of State

DOCUMENT # N18912 (8)

1. Corporation Name

PALM N PINE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1016 SUPERIOR STREET, LOT 108  
FORT MYERS FL 33916

1016 SUPERIOR STREET, LOT 108  
FORT MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/26/1987

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 1016 Superior St.

26 1016 Superior St Lot 108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ft. Myers, Fla

27 Ft. Myers Fla

City & State

City & State

23

28

Zip

Country

24 33916

25

Zip

Country

29 33916

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROHR, MARY  
1016 SUPERIOR STREET, LOT 108  
FORT MYERS FL 33916

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MCFARLANE, HAROLD  
STREET ADDRESS 1016 SUPERIOR ST. LOT 47  
CITY-ST-ZIP FORT MYERS FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME MILLER, KARL  
STREET ADDRESS 1016 SUPERIOR STREET, 105-18  
CITY-ST-ZIP FT. MYERS FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME PEPPLER, VERDA  
STREET ADDRESS 1016 SUPERIOR ST, LOT 63  
CITY-ST-ZIP FT. MYERS FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 MARY ROHR 7/16/97 334 8232

CP2E037 (4/97)