

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90212 028 ****70.00

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DOCUMENT # N21586

1. Corporation Name

PINECREST FARMS, PHASES I AND II, PROPERTY OWNER
S' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 1566
ZOLFO SPRINGS FL 33890

PO BOX 1566
ZOLFO SPRINGS FL 33890



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/16/1987

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

9. Name and Address of Current Registered Agent

PRATT, YVONNE W.
RT. 1 BOX 339A
ZOLFO SPRINGS FL 33890

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

Yvonne W. Pratt

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

(NOTE: Registered Agent signature required when reinstating)

4-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PRATT, YVONNE
STREET ADDRESS RT. 1 BOX 339A
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☐ DELETE

NAME SCHOMAKER, RONALD
STREET ADDRESS 41 N.E. 165 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME COUCH, JOE
STREET ADDRESS RT. 1 BOX 339C
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☐ DELETE

NAME HEART, CARMEN
STREET ADDRESS RT. 1
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☐ DELETE

NAME PRATT, FRED
STREET ADDRESS RT. 1 BOX 339A
CITY-ST-ZIP ZOLFO SPRINGS FL

TITLE ☐ DELETE

NAME RIPPERGER, CHUCK
STREET ADDRESS RT. 1 BOX 339B
CITY-ST-ZIP ZOLFO SPRINGS FL

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:

Yvonne W. Pratt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 941-235-1576
Date Daytime Phone #

CR2E037 (11/98)