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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N26111

(7)

ROBINSON PCD MAINTENANCE ASSOCIATION, INC.

Principal Place of Business									
1990 INDUSTRIAL DRIVE PO DRAWER 85									

Mailing Address

1990 INDUSTRIAL DRIVE



PO DRAWER DELAND FL S	85	F	O DRAWER 85 DELAND FL 32724				Date Incorporated or Qualified 04/26/1988	3a. Date of La 05/01	
	ace of Business	2a.	Mailing Address				4. FEI Number		Applied For
	Industrial Drive	26	1991 Indus	tr	ia.	l Driv	e 59-2889115		Not Applicable
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 7	75 Additional e Required
City & State	3		City & State				Election Campaign Financing \$5		.00 May Be
23 DeLan	d, Florida Country	28	DeLand, Fl		ida		Trust Fund Contribution	Ad	ded to Fees
24 32724		29		_		lusia	This corporation has liability for Florida Statutes	intarigible tax under	s. 199.032,
	9. Name and Address of Current	Regis			Ť	- 40 - 4	10. Name and Address of New		
					81		3 - 1 -		
GLANCE, GEORGE						vid Robinson Address (P.O. Box Number is Not Acceptable)			
	DUSTRIAL DRIVE		82 Street Addre			1991	SS (P.O. Box Number is Not Acceptable) Industrial Drive		
	FL 32724				83		THE THE PERSON NAMED IN TH		
J257110	TE VEIET					<u> </u>			
	_				84	City DeLa	nd	FL 85	Zip Code 32724
11. Pursuant to or register	to the provisions of Sections 617.05/2 ed agent, of both in the state of purio th, and accept the collections of Section	and 61.	7.1508, Florida Statutes, change was authorized	the a	above-i	named corpor loration's boar	ration submits this statement for the pured of directors. I hereby accept the app	urpose of changing its pointment as register	s registered office ed agent. I am
familiar wit	th, and accept the obligations of Sector					David	Robinson	4/29/9	1/0
	Signature, typerd or printed name of registered agent a	aid tibe if a	unionalme (NOTE I			it signature require	d where renstating)	DATE	<u> </u>
12.	OFFICERS AND	DIREC	· - · · · · · · · · · · · · · · · · · ·	4-	3.		ADD HONS CHANGES TO OF		· · · · · · · · · · · · · · · · · · ·
TITLE	PD		DEFELE		1 TITLE			Chang	e 🔲 Addition
NAME	ROBINSON, DAVID				2 NAME				
STREET ADDRESS	1990 INDUSTRIAL DR.			1	3 STREET	ADDRESS			
CITY - ST - ZIP	DELAND FL		TO STATE OF		4 CHTY - S	ST - ZIP			
TITLE	VD		X] DELETE		1 TITLE			Chang	e
NAME	GLANCE, GEORGE				2 NAME				
STREET ADDRESS	1990 INDUSTRIAL DRIVE			2	3 STREET	ADDRESS			
CITY - ST - ZIP	DELAND FL		Florers	-	4 CHTY -	ST · ZIP	<u> </u>		<u></u> -
TITLE	STD		反]DELETE	ı	1 THTLE	<u>.</u> .		Change	e 🖺 Addition
NAME	PATERNO, THOMAS				2 NAME				
STREET ADDRESS	1990 INDUSTRIAL DR.			1		ADDRESS			
CITY-ST-ZIP	DELAND FL		Dour	_	4. CITY - :	ST - ZIP			
TITLE	VD		DELETE		1 TITLE			☐ Change	e 🔲 Addition
NAME	Robert Dye	D			2 NAME				
STREET ADDRESS	1991 Industrial	υr	•	1		ADDRESS			
CtTY - ST - ZIP	DeLand, FL		□nr, crc	-	4 CITY - S	ST-ZIP		-	
TITLE	STD		DELETE		1 TITLE			Change	e
NAME	Dale Alderman				2 NAME				
STREET ADDRESS	1991 Industrial Dr	., D	eLand,FL32724	4		ADORESS			
CITY-ST-ZIP				_	4 CITY - S	T-ZIP			
TITLE			DELETE		1 TITLE		4000019:	313740	e 🔲 Addition
NAME				6	2 NAME		-08/23/96010	016016	
STREET ADDRESS				6	3 STREET	ADDRESS	***61.25		_
CITY - ST - ZIP		31 6 7	,	6	4 CITY - S	T-ZIP		·	
certify that oath: that	y certify that the information supplied w t the information indicated of this annual I am an officer or direct in of the copin I Block 12 or Block 1 of changes, or or	a: report	r supplemental annual he receiver or trustee er	repo moni	rt is tru	ie and accura	ite and that my signature shall have the	s came lonal offen	Thy The

SIGNATURE:

SIGNING OFFICER OR DIRECTOR