

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31009 (6)**
1. Corporation Name
PINE RANCH EAST OWNERS ASSOCIATION, INC.



Principal Place of Business 408 PINE RANCH TRAIL UNIT #7 OSPREY FL 34229 US	Mailing Address 401 PINE RANCH TRAIL UNIT #7 OSPREY FL 34229 US
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3. Date Incorporated or Qualified 03/06/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0106383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 424 Pine Ranch Trail	2a. Mailing Address 26 232 Pine Ranch Trail
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Osprey, FL.	28 City & State Osprey, FL.
24 Zip 34229	25 Country USA
29 Zip 34229	30 Country USA

9. Name and Address of Current Registered Agent
**WILSON, EDWARD C
401 PINE RANCH TRAIL
UNIT 7
OSPREY FL 34229**

10. Name and Address of New Registered Agent

81 Name Myrna Sheehan
82 Street Address (P.O. Box Number is Not Acceptable) 232 Pine Ranch Trail
83
84 City Osprey
85 State FL
86 Zip Code 34229

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 officer 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: *Myrna Sheehan* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME GARBADE, JACK	1.1 TITLE PD	1.1 NAME Christina McDonald
STREET ADDRESS 408 PINE RANCH TRAIL	CITY-ST-ZIP OSPREY FL	1.2 STREET ADDRESS 424 Pine Ranch Trail	1.2 CITY-ST-ZIP Osprey, FL. 34229
TITLE D	NAME WEIRICH, KIMBERLY	2.1 TITLE PO	2.1 NAME Edward Wilson
STREET ADDRESS 280 PINE RANCH TRAIL	CITY-ST-ZIP OSPREY FL	2.2 STREET ADDRESS 401 Pine Ranch Trail	2.2 CITY-ST-ZIP Osprey, FL. 34229
TITLE TD	NAME WILSON, EDWARD C	3.1 TITLE TD	3.1 NAME Myrna Sheehan
STREET ADDRESS 401 PINE RANCH TRAIL	CITY-ST-ZIP OSPREY FL	3.2 STREET ADDRESS 232 Pine Ranch Trail	3.2 CITY-ST-ZIP Osprey, FL. 34229
TITLE D	NAME MCDONALD, CHRISTIAN	4.1 TITLE D	4.1 NAME Sheila Garbade
STREET ADDRESS 4445 DEER RIDGE PLACE	CITY-ST-ZIP SARASOTA FL	4.2 STREET ADDRESS 408 Pine Ranch Trail	4.2 CITY-ST-ZIP Osprey, FL. 34229
TITLE SD	NAME LEWANDOWSKI, MELODIE	5.1 TITLE D	5.1 NAME Mary Moretti
STREET ADDRESS 247 PINE RANCH TRAIL	CITY-ST-ZIP OSPREY FL 34229	5.2 STREET ADDRESS 440 Pine Ranch Trail	5.2 CITY-ST-ZIP Osprey, FL. 34229
TITLE SD	NAME VAN DER WEERT, KAREN	6.1 TITLE SD	6.1 NAME Ed Wilson
STREET ADDRESS 440 PINE RANCH TRAIL	CITY-ST-ZIP OSPREY FL	6.2 STREET ADDRESS 401 Pine Ranch Trail	6.2 CITY-ST-ZIP Osprey, FL. 34229

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: *Myrna Sheehan* DATE: **1/29/96** (941) 966-9240

CR2E037 (12/95)