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2/1/99

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N31009

1. Corporation Name

PINE RANCH EAST OWNERS ASSOCIATION, INC.

Principal Place of Business

296 PINE RANCH TR  
 OSPREY FL 34229  
 US

Mailing Address

P.O. BOX 1021  
 OSPREY FL 34229  
 US



2. Principal Place of Business

21 379 Pine Ranch Tr.

2a. Mailing Address

26 P.O. Box 1021

3. Date Incorporated or Qualified

03/06/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0106383

Applied For

Not Applicable

City & State

23 Osprey, Florida

City & State

28 Osprey, Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 34229

Country

25 USA

Zip

29 34229

Country

30 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEBLANC, RENAE M  
 368 PINE RANCH E RD  
 OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name Ziemba, Rosalind M.

82 Street Address (P.O. Box Number is Not Acceptable)  
 357 Pine Ranch Trail

83 City

84 City Osprey

FL

85 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 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 *Rosalind M. Ziemba* Rosalind M. ZIEMBA

2-19-99

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 | NAME           | STREET ADDRESS       | CITY-ST-ZIP     | DELETED                             |
|-------|----------------|----------------------|-----------------|-------------------------------------|
| D     | SANZONE, PHIL  | 328 PINE RANCH TRAIL | OSPREY FL 34229 | <input checked="" type="checkbox"/> |
| PD    | FREDERICK, JIM | 296 PINE RANCH TRAIL | OSPREY FL 34229 | <input checked="" type="checkbox"/> |
| T     | LEBLANC, RENAE | 368 PINE RANCH E RD  | OSPREY FL 34229 | <input checked="" type="checkbox"/> |
| S     | ROLFS, JAMES   | 280 PINE RANCH TR    | OSPREY FL 34229 | <input checked="" type="checkbox"/> |
| VP    | DAVIS, DAVID   | 312 PINE RANCH TR    | OSPREY FL 34229 | <input checked="" type="checkbox"/> |
|       |                |                      |                 | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | President                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Blackstone, Dr. Nancy C. |  |
| 1.3 STREET ADDRESS | 379 Pine Ranch Trail     |  |
| 1.4 CITY-ST-ZIP    | Osprey, Florida 34229    |  |
| 2.1 TITLE          | Vice President           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Wilson, Edward           |  |
| 2.3 STREET ADDRESS | 401 Pine Ranch Trail     |  |
| 2.4 CITY-ST-ZIP    | Osprey, Florida 34229    |  |
| 3.1 TITLE          | Treasurer                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Ziemba, Rosalind M.      |  |
| 3.3 STREET ADDRESS | 357 Pine Ranch Trail     |  |
| 3.4 CITY-ST-ZIP    | Osprey, Florida 34229    |  |
| 4.1 TITLE          | Secretary                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Commander, Stephen       |  |
| 4.3 STREET ADDRESS | 456 Pine Ranch Trail     |  |
| 4.4 CITY-ST-ZIP    | Osprey, Florida 34229    |  |
| 5.1 TITLE          | Director                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | Frederick, James         |  |
| 5.3 STREET ADDRESS | 296 Pine Ranch Trail     |  |
| 5.4 CITY-ST-ZIP    | Osprey, Florida 34229    |  |
| 6.1 TITLE          | Director                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | Lewandowski, Melodie     |  |
| 6.3 STREET ADDRESS | 247 Pine Ranch Trail     |  |
| 6.4 CITY-ST-ZIP    | Osprey, Florida 34229    |  |

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: *Nancy C. Blackstone* Nancy C. Blackstone 2/17/99 918-8795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)