

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 # N45466 (2)

1. Corporation Name

PINE TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

55 SETON TRAIL
ORMOND BEACH FL 32176

55 SETON TRAIL
ORMOND BEACH FL 32176

3. Date Incorporated or Qualified
10/03/1991

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 6 Ocean Pines Drive

26 6 Ocean Pines Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ormond Beach, FL 32174

28 Ormond Beach, FL 32174

24 Zip Country

29 Zip Country

25

30

4. FEI Number
59-2921404

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN ZEV
55 SETON TRAIL
ORMOND BEACH FL 32176

81 Name
Peggy Campagna

82 Street Address (P.O. Box Number is Not Acceptable)

6 Ocean Pines Drive

83

84 City
Ormond Beach

FL

85 Zip Code
32174

17. 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Peggy S. Campagna

PEGGY S. CAMPAGNA SECRETREAS. 4-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME COHEN, ZEV
STREET ADDRESS 55 SETON TRAIL
CITY-ST-ZIP ORMOND BEACH FL

TITLE STD ☒ DELETE

NAME COHEN, GAIL
STREET ADDRESS 55 SETON TRAIL
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☒ DELETE

NAME VISCOMI, VINCENT
STREET ADDRESS 3 CROOKED TREE TRAIL
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/D ☒ Change ☐ Addition

1.2 NAME Tom Stephan
1.3 STREET ADDRESS 5 Palmetto Dunes Court
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE Secretary & Treasurer/D ☒ Change ☐ Addition

2.2 NAME Peggy Campagna
2.3 STREET ADDRESS 6 Ocean Pines Drive
2.4 CITY-ST-ZIP Ormond Beach, FL 32174

3.1 TITLE Vice President/D ☒ Change ☐ Addition

3.2 NAME Ron Hutton
3.3 STREET ADDRESS 10 Cypress Point Court
3.4 CITY-ST-ZIP Ormond Beach, FL 32174

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 200001838242
-05/24/96--01030--031
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Peggy S. Campagna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

904/677-8897

Telephone #

CR2E037 (12/95)