

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48451 (1)

1. Corporation Name

PINE ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**900 WEST HIGHWAY 50
CLERMONT FL 34711**

**900 WEST HIGHWAY 50
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1992

3a. Date of Last Report

11/14/1994

4. FEI Number

59-3270075

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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Zip

Country

Zip

Country

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5. Certificate of Status Desired

☐

**\$9.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 601(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

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

**HORTON, DENNIS L.
900 WEST HIGHWAY 50
CLERMONT FL 34711**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BENZEL, DAVID

STREET ADDRESS

**7403 LAKE EMMA RD.
GROVELAND FL 34738**

CITY - ST - ZIP

TITLE

STD

NAME

HICKS, ROBERT

STREET ADDRESS

**1309 ELIZABETH
GLENVIEW IL**

CITY - ST - ZIP

TITLE

D

NAME

BENZEL, CYNTHIA

STREET ADDRESS

**7403 LAKE EMMA RD.
GROVELAND FL 34836**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

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14 CITY - ST - ZIP

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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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David C. Benzel

DAVID C. BENZEL

4/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number