

# 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 # N48451 (1)**  
1. Corporation Name  
**PINE ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**900 WEST HIGHWAY 50  
CLERMONT FL 34711**

Mailing Address  
**900 WEST HIGHWAY 50  
CLERMONT FL 34711**

3. Date Incorporated or Qualified  
**04/21/1992**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3270075</b>		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

## 9. Name and Address of Current Registered Agent

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

## 10. Name and Address of New Registered Agent

81 Name  
**DAVID BENZEL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7403 LAKE EMMA RD.**

83

84 City  
**Groveland**

FL 85 Zip Code  
**34436**

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, to 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 *David Benzel* **DAVID BENZEL** **4/11/96**  
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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENZEL, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>7403 LAKE EMMA RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GROVELAND FL 34736</b>	1.4 CITY - ST - ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1309 ELIZABETH</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GLENVIEW IL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENZEL, CYNTHIA</b>	3.2 NAME	
STREET ADDRESS	<b>7403 LAKE EMMA RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GROVELAND FL 34836</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, changed, or on an attachment with an address.

SIGNATURE: *David Benzel* **DAVID BENZEL** **4/11/96 (352) 429-5209**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)