FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N93000002153 (5) DOCUMENT #
1. Corporation Name

PINEW	OOD HOMEOWNERS' ASSO	OCIATION OF LARGO, I	INC.			
Principal Place	of Business	Mailing Address]	BRIN BRIN BRIN BINE IN BENER IN BINER IN IN INC.
CLEARWATER FL 36420 SL		2331 BELLEAIR RD. SUITE B CLEARWATER FL 34624	SUITE B		Date Incorporated or Qualified	3a. Date of Last Report
					05/11/1993	05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 69 80	Ulmerton Road	26 103 Clevelo	and Au	cSW.	59-3179376	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State				Fee Hequired
23		28 Largo 1	FL		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation has liability for int	/········
24 34bL		29 34640 31	O US		Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	gistered Agent
81 Name Loc					source Man	agement
COSTOM COMMUNITY MGMT, FRANK M. RANDAZZO				rect Addres	ss (P.O. Box Number is Not Acceptable)	8
	ELLEAIR RD.		83	03	Cleveland Av	i SW
SUITE B						
CLEARY	VATER FL 34624		84 Cit	ty 1	600	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502 a	und 617.1508, Florida Statutes, t	he above-name	ad cornorat	ion submits this statement for the purpo	nee of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	 Such change was authorized b n 617 0503. Florida Statutes 	by the corporati	on's board	of directors. I hereby accept the appoin	ntment as régistered agent. I am
SIGNATURE	Y CO C	ilay willing	A.M	aller	10000	3/19/01
SIGNATURE _	Signature, typed or printed name of registered agent ar		legistered Agent signi	ature required w		DATE TO SECURE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	D €FTE1E	1.1 TITLE	60) 	Change Addition
NAME	HOVE, STEPHEN D		1.2 NAME	G \	ulestein, Jeanne 80 Wilmerton Rol #	Enc
STREET ADDRESS	6980 ULMERTON ROAD LARGO FL 34641		1.3 STREET ADDR			יור
CITY-ST-ZIP TITLE	STD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		res. P- 34641	Change Addition
NAME	HOVE, LOUISE	<u></u>	2 2 NAME	75	1	
STREET ADDRESS	6980 ULMERTON ROAD		2.3 STREET ADDR	see L	en, Joyce	4 1 E
CITY-ST-ZIP	LARGO FL 34641		2. 4 CHY-ST-ZIF	64	80 Wherton Rd #	``
TITLE	VD	DELETE	3.1 TITLE	Ó	3.13.1.	Change Addition
NAME	LETTELIER, MARK		3.2 NAME	eo	impo, Liu	
STREET ADDRESS	6980 ULMERTON ROAD #5A		3.3 STREET ADDR	RESS L. 9	80 Wilmerton Rd+	⁴ ال-
CITY - ST - ZIP	LARGO FL 34641		3.4. CITY - ST - ZIE	٠ لـ د	ugo, FC 34641	
TITLE		DELETE	4.1 11TLE	20	• • •	Change Addition
NAME			4. 2 NAME	Ca	rpenter. Linda 80 Ulmerton Rd # 190, FC 34641	
STREET ADDRESS			4.3 STREET ADDR	155 69	80 Wilmerton Kd	~ J H
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-7IP 5 1 TITLE		39-12C 39611	Change Addition
NAME		<u></u>	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	RESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDR	RESS		
CITY-ST-ZIP	······································		64 CITY-ST-ZIP	· [
طمتمط ماما الع	andifi. shad sha information a malical	en enia filipa la valuntadi. Eurojaha	an anal dana na	r annalis star	the augmentice stated in Contine 110 0	7/OVIA Florida Ptototos I funtion

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:

PED OR HAMME OF SIGNAND OFFICER OR DIRECTOR 3/19/910 517-18/00 Deplace Prope 6