FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004472 (7)**

1. Corporation Name

PINE RIDGE HOLLOW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
425 W. COLONIAL DRIVE SUITE 202 ORLANDO FL 32804 US	425 W. COLONIAL DRIVE SUITE 202 ORLANDO FL 32804 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3228360 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2707 S. GOLDENROD RD.	26 2707 S GOLDENROD RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32822 / Country 25 ORANGE	Zip 29 32822 / Country 30 ORANGE

9. Name and Address of Current Registered Agent

HAWKINS, KEVIN
425 W. COLONIAL DR.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: HAWKINS, KEVIN
82 Street Address (P.O. Box Number is Not Acceptable): 2707 S. GOLDEN ROD RD.
83
84 City: ORLANDO **FL** 85 Zip Code: 32822

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] 5/1/95
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	DPT	11 TITLE	DPT	☐ Change ☐ Addition
NAME	HAWKINS, KEVIN	12 NAME	HAWKINS, KEVIN	
STREET ADDRESS	425 W. COLONIAL DR. STE. 202	13 STREET ADDRESS	2707 S. GOLDENROD RD.	
CITY-ST-ZIP	ORLANDO FL 32804	14 CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HOLLO, TIBOR	22 NAME		
STREET ADDRESS	100 S. BISC. BLVD, SUITE 100	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, RODGER	32 NAME		
STREET ADDRESS	2525 WATERVIEW PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 32786	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature] 5/1/95 407-381-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004227