

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004640 (9)**

1. Corporation Name

**PINE RIDGE ACRES PROPERTY OWNERS' ASSOCIATION, I
NC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
RT 10 BOX 319 LAKE CITY FL 32055		RT 10 BOX 319 LAKE CITY FL 32055	

3. Date Incorporated or Qualified 10/14/1993	3a. Date of Last Report 02/15/1994
4. FEI Number 59-3212160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

~~CLAYTON, JOSEPH T JR~~
~~RT 10 BOX 319~~
~~LAKE CITY FL 32055~~

10. Name and Address of New Registered Agent

81 Name **PATRICK E. RONDEAU**

82 Street Address (P.O. Box Number is Not Acceptable)
5295 TOWN CENTER ROAD

83 **SUITE 400**

84 City **BOCA RATON** FL 85 Zip Code **33486**

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: *Patrick E. Rondeau* DATE: **7/24/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D, P, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, JOSEPH T JR	12 NAME	RONDEAU, PATRICK E.
STREET ADDRESS	RT 10 BOX 319	13 STREET ADDRESS	5295 TOWN CENTER ROAD, SUITE 400
CITY - ST - ZIP	LAKE CITY FL 32055	14 CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	D	21 TITLE	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEITHEN, LEON A	22 NAME	MURRAY, ALAN L.
STREET ADDRESS	RT 10 BOX 319 NA	23 STREET ADDRESS	5295 TOWN CENTER ROAD, SUITE 400
CITY - ST - ZIP	LAKE CITY FL	24 CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	D	31 TITLE	D, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELF, VIRGINIA D	32 NAME	KOSCHER, DANIEL C.
STREET ADDRESS	RT 10 BOX 319	33 STREET ADDRESS	5295 TOWN CENTER ROAD, SUITE 400
CITY - ST - ZIP	LAKE CITY FL 32055	34 CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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: *Patrick E. Rondeau* PATRICK E. RONDEAU 6/15/95 (407) 361-2705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR