

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 # N93000005517 (8)

1. Corporation Name

**PINE TREE PARK HOMEOWNERS ASSOCIATION OF POMPANO
BEACH, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**797 NW 15TH PLACE
POMPANO BEACH FL 33060**

**797 NW 15TH PLACE
POMPANO BEACH FL 33060**



3. Date Incorporated or Qualified

12/01/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUICK, BEULAH E.
1551 NW 8TH AVE.
POMPANO BEACH FL 33060**

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 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, 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 617.0503, 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 ☐ DELETE
NAME **PD JONES, ISAAC H. J**
STREET ADDRESS **797 NW 15TH PLACE**
CITY-ST-ZIP **POMPANO BCH. FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V HARRIS, ANNIE**
STREET ADDRESS **732 NW 15TH ST.**
CITY-ST-ZIP **POMPANO BCH. FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T MILLS, SHIRLEY**
STREET ADDRESS **1531 NW 8TH AVE.**
CITY-ST-ZIP **POMPANO BCH. FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S SIMS, CATHERINE**
STREET ADDRESS **732 NW 15TH CT.**
CITY-ST-ZIP **POMPANO BCH. FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S WILLIAMS, ANNIE**
STREET ADDRESS **733 NW 15TH ST.**
CITY-ST-ZIP **POMPANO BCH. FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MCMEANS, FADONA**
STREET ADDRESS **701 NW 15TH ST.**
CITY-ST-ZIP **POMPANO BCH. FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY MILLS

3/20/96

954-781-2817

Date

Daytime Phone #

CR2E037 (12/95)