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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 8:15

DOCUMENT # N94000005088 (9)

1. Corporation Name

PINE CASTLE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ROLF GUNTHER 1299 NW OCEAN BLVD., APT. 3 STUART FL 34996	% ROLF GUNTHER 1289 NW OCEAN BLVD., APT. 3 STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report:
4. FEI Number: ☒ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: 915 Pine Castle Ct	26: 915 Pine Castle Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22: Stuart	27:
City & State	City & State
23: Stuart FL	28: Stuart, FL
Zip / Country	Zip / Country
24: 34996 25: USA	29: 34996 30: USA

☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUNTHER, ROLF 1289 NW OCEAN BLVD., APT. 3 STUART FL 34996	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): 915 Pine Castle Ct 83: 84 City: Stuart FL 85 Zip Code: 34996

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNTHER, ROLF 1289 NW OCEAN BLVD APT 3 STUART FL 34996	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition N/A 915 Pine Castle Ct Stuart FL 34996
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gunther, Susan 915 Pine Castle Ct. Stuart, FL 34996	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jolly, Paul 615 Log Dr Pgsl, FL 34952	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: R. S. Gunther R.F.S. Gunther 5/3/95 407-225-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1234

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