

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 # N95000000606 (2)

1. Corporation Name

THE PINE HAMMOCK CIRCLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

2222 SECOND STREET  
FORT MYERS FL 33901

Mailing Address

2222 SECOND STREET  
FORT MYERS FL 33901

3. Date Incorporated or Qualified  
01/18/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

21 2161 N.E. 190TH TERR

2a. Mailing Address

26 2161 N.E. 190TH TERRACE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

22 City & State

23 NORTH MIAMI BEACH, FLA.

27 City & State

28 NORTH MIAMI BEACH, FLORIDA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24 33179-4352

Country

29 33179-4352

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW OFFICE OF KEVIN F. KURSINSKI, P.A.  
2222 SECOND STREET  
FORT MYERS FL 33901

81 Name MRS. MILLIE LANE

82 Street Address (P.O. Box Number is Not Acceptable)

2161 N.E. 190TH TERRACE

83 NORTH MIAMI BEACH

84 City

FL 85 Zip Code

33179-4352

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

Millie Lane MILLIE LANE - President

05-20-96

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
LANE, MILLIE  
STREET ADDRESS 2161 NE 190TH TERR  
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME VD  
LANE, STANLEY  
STREET ADDRESS 2151 NE 190 TERR  
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME STD  
SHAPIRO, ALAN  
STREET ADDRESS 17842 NW 81ST CT  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500001896245  
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\*\*\*61.25

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:

Millie Lane President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/20/96 1-305-932-7949

CR2E037 (12/95)