

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N95000001118 (7)

1. Corporation Name

PINE ACRES COMMUNITY ASSOCIATION CORPORATION

96 SEP 25 AM 10:13



Principal Place of Business

Mailing Address

P O BOX 162105
MIAMI FL 33116-2105

P O BOX 162105
MIAMI FL 33116-2105

3. Date Incorporated or Qualified
03/09/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 10332 S.W. 119 St.

26

4. FEI Number

05-2122457

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami, FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33176

25

USA

29

30

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

CASEY, DENNIS P
5975 SUNSET DR
SUITE 801
MIAMI FL 33143

10680 N.W. 25th Street
Miami, FL 33172

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 President
NAME Paul Kleponias
STREET ADDRESS 12201 SW 112 Ave
CITY-ST-ZIP Miami, FL 33176

☐ DELETE

1.1 TITLE George Perrin
1.2 NAME
1.3 STREET ADDRESS 10300 S.W. 118 St
1.4 CITY-ST-ZIP Miami, FL 33176
Director

☐ Change ☐ Addition

TITLE Treasurer
NAME Bonnie Taylor
STREET ADDRESS 10332 SW 119 St
CITY-ST-ZIP Miami, FL 33176

☐ DELETE

2.1 TITLE Linda Tartak
2.2 NAME
2.3 STREET ADDRESS 10455 S.W. 117 St.
2.4 CITY-ST-ZIP Miami, FL 33176
Director

☐ Change ☐ Addition

TITLE Pam Pamp
NAME
STREET ADDRESS 10383 S.W. 114 St
CITY-ST-ZIP Miami, FL 33176

☐ DELETE

Committee
Chairman

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE J. Nichols
NAME
STREET ADDRESS 10840 SW 116 St
CITY-ST-ZIP Miami, FL 33176

☐ DELETE

Crime
Watch
Advisor

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Bill Wooten
NAME
STREET ADDRESS 10535 S.W. 117 St
CITY-ST-ZIP Miami, FL 33176

☐ DELETE

Ins.
Advisor

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE John Sullivan
NAME
STREET ADDRESS 11521 S.W. 101 St.
CITY-ST-ZIP Miami, FL 33176

☐ DELETE

Director

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 REQUIRED

Bonnie Taylor

7-22-96

305-235-5067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006617

CR2E037 (3/96)