## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000001860 (3)

PINEFOREST HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address 101 PHILLIPPE PARKWAY STE 300 101 PHILLIPPE PARKWAY STE 300 SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695-3662

## **FILED** May 05 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 04/05/1996	3a. Date of Last Report	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	. Applied For	
21		[26]			59-3373998	Not Applicable	
Suite, Apt. #, etc.		Suile, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	>	City & State			6. Hection Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for		
24 25 29 30 9. Name and Address of Current Registered Agent			30		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	9, Marile and Address of Conten	it uadiateleo wäeut	8	1 Name _	10. Name and Address of New He	igistered Agent	
PEDMON	C. 1 M		ľ	T	rank M. Randazzo		
<del>Vernon, J</del> M <del>877-dunoan avenue s</del> outh				82 Street Address (P.O. Box Number is Not Acceptable)			
	VATER FL-34818		83		Custom Community MGMt.		
OBC 111	MENTE OTOTO				331 Belleair Kd. S	Ste.D.	
			8	City CI	rearwater,	FL 85 Zip Codo 34624	
11. Pursuant t	o the provisions of Sections 617.050	02 and 617.1508, Florida State	ites, the abo	un named co	respection authority this statement for the s	named at a language in the second state of the	
office of re agent. I ar	egistered agent, or both, or the State n familiar with, and account the oblig	eof Florida. Such change was atio <u>ns of Sectio</u> n 617.0503, F	s authorized I Torida Statut	by the corpor es.	ration's board of directors. Thereby acce	pt the appointment as registered	
SIGNATURE _	Signature, typiod or printed name of registered ago				gured when reinstating)	97 DATE	
12.	OFFICERS AN		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12	
THILE	D	☐ DELETE	1.1 TRLE			Change Addition	
NAME	Bass, Keith		12 NAM				
STREET ADDRESS			13 STRE	T ADDRESS			
CITY-ST-ZIP			1.4 CiTY	ST-ZIP			
TITLE	D	☐ DELETE	21 TITLE			Change Addition	
NAME	HOVE, STEPHEN D		2.2 NAM				
STREET ADDRESS	101 PHILLIPPE PARKWAY ST	TE 300	2.3 STRE	T ADDRESS			
CITY-ST-ZIP			2 4 CITY	- ST - 7IP			
TITLE	D	DELETE 311				Change Addilion	
NAME	HOVE, LOUISE	TC 000	3.2 NAM6				
STREET ADDRESS	101 PHILLIPPE PARKWAY ST	IE 300	3.3 STRE	1 ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695	Decemen	3.4. CITY	- S1 - ZIP			
TITLE		☐ DELETE	4.1 Till E	_		☐ Change ☐ Addition	
NAME STREET ADDRESS			4. 2 NAM				
CITY-ST-ZIP				1 ADDRESS			
TITLE		DELFTE	4.4 CITY - 5.1 TO LE	21.70		Change Addition	
NAME		F-1 0000 10	5.2 NAME			□ Change ↓ Abuntun	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TIFLE		DELETE	6.1 TITLE	<u> </u>		Change Addition	
NAME			6.2 NAME			**************************************	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CHY-	SI - 71 <sup>0</sup>			
14. I do hereb	y certify that the information supplied	d with this filing does not qua	lify for the ev	emplion state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
iniormation	s indicated on this annual report or s	supplemental annual report is	true and acc	curate and th	at my signature shall have the same lega	al effect as if made under eath; tha	

appears in Block 12 or Block 13 if charged, or on an attachment with an address.