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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002890 (9)

1. Corporation Name

PINE HOLLOW ESTATES HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

625 AUBURN CIR. W.
DELRAY BEACH FL 33444

625 AUBURN CIR. W.
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELNER, JAY
625 AUBURN CIR. W.
DELRAY BEACH FL 33444

81 Name JEFF FELNER

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

83 4236 Pine Hollow Circle

84 City GREENACRES FL 85 Zip Code 33463

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 DP
NAME FELNER, JAY
STREET ADDRESS 625 AUBURN CIR. W.
CITY-ST-ZIP DELRAY BEACH FL 33444

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS
NAME FELNER, JEFF
STREET ADDRESS 625 AUBURN CIR. W.
CITY-ST-ZIP DELRAY BEACH FL 33444

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME FELNER, SHIRLEY
STREET ADDRESS 625 AUBURN CIR. W.
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE DV
NAME BOOS, ROGER C
STREET ADDRESS 625 AUBURN CIR. W.
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

JEFF FELNER 2/18

CR2E037 (10/97)