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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002890

1. Corporation Name
PINE HOLLOW ESTATES HOMEOWNERS' ASSOCIATION, INC

569879 - 90018 - 33

Principal Place of Business	Mailing Address
625 AUBURN CIR. W. DELRAY BEACH FL 33444	625 AUBURN CIR. W. DELRAY BEACH FL 33444

2. Principal Place of Business 21 4252 Pine Hollow Cir 22 Suite, Apt. #, etc. 23 City & State: Greenacres FL 24 Zip: 33463 25 Country: USA	2a. Mailing Address 26 4252 Pine Hollow Cir 27 Suite, Apt. #, etc. 28 City & State: Greenacres FL 29 Zip: 33463 30 Country: USA

3. Date Incorporated or Qualified: 05/31/1996

4. FEI Number: APPLIED FOR 65-0783947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FELNER, JAY
4238 PINE HOLLOW CIR.
GREEN ACRES FL 33463

10. Name and Address of New Registered Agent

81 Name: Daniel Brisson
82 Street Address (P.O. Box Number is Not Acceptable): 4252 Pine Hollow Circle
83
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] President — DATE: 5/05/99
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	DP	☒ DELETE	1.1 TITLE	President (P) D	☒ Change ☒ Addition
NAME	FELNER, JAY		1.2 NAME	Daniel B. Brisson	
STREET ADDRESS	625 AUBURN CIR. W.		1.3 STREET ADDRESS	4252 Pine Hollow Circle	
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP	Greenacres FL 33463	
TITLE	DS	☒ DELETE	2.1 TITLE	Vice President (VP) D	☒ Change ☒ Addition
NAME	FELNER, JEFF		2.2 NAME	Nick D'Ambrosio	
STREET ADDRESS	625 AUBURN CIR. W.		2.3 STREET ADDRESS	4252 Pine Hollow Circle	
CITY-ST-ZIP	DELRAY BEACH FL 33444		2.4 CITY-ST-ZIP	Greenacres FL 33463	
TITLE	T	☒ DELETE	3.1 TITLE	Treasurer (T) D	☒ Change ☒ Addition
NAME	FELNER, SHIRLEY		3.2 NAME	Rhonda Brisson	
STREET ADDRESS	625 AUBURN CIR. W.		3.3 STREET ADDRESS	4252 Pine Hollow Cir	
CITY-ST-ZIP	DELRAY BEACH FL 33444		3.4 CITY-ST-ZIP	Greenacres FL 33463	
TITLE	DV	☒ DELETE	4.1 TITLE	Secretary (S) D	☒ Change ☒ Addition
NAME	BOOS, ROGER C		4.2 NAME	C. Annelies Mousing	
STREET ADDRESS	625 AUBURN CIR. W.		4.3 STREET ADDRESS	4252 Pine Hollow Cir	
CITY-ST-ZIP	DELRAY BEACH FL 33444		4.4 CITY-ST-ZIP	Greenacres FL 33463	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED President — 5/15/99 — 561 642-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #