


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000076149 (2)**

1. Corporation Name  
**PRINGLE COMMUNITIES, INC.**

Principal Place of Business

**26800 ACE AVENUE  
LEESBURG FL 34748**

Mailing Address

**26800 ACE AVENUE  
LEESBURG FL 34748-8264**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/03/1993</b>		3a. Date of Last Report <b>02/27/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3212431</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SUMMERS, GARY L ESQ. WILLIAMS, SMITH AND SUMMERS, P.A. 380 WEST ALFRED STREET TAVARES FL 32778-3298</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRINGLE, JOHN A</b>	1.2 NAME	<b>900002144999--7</b>
STREET ADDRESS	<b>26800 ACE AVE.</b>	1.3 STREET ADDRESS	<b>-04/16/97--01051--010</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	1.4 CITY-ST-ZIP	<b>*****165.00 *****165.00</b>
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRINGLE, GEORGE O</b>	2.2 NAME	<b>900002144999--7</b>
STREET ADDRESS	<b>26800 ACE AVE.</b>	2.3 STREET ADDRESS	<b>-04/16/97--01051--015</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	2.4 CITY-ST-ZIP	<b>*****8.75 *****8.75</b>
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRINGLE, MARY R</b>	3.2 NAME	
STREET ADDRESS	<b>26800 ACE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*George O. Pringle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-365-2303

CR2E034 (9/96)