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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000049147 (9)

PLACIDA PINERROOK, INC

1 LAOIDA	1 INCOM								i i i i i i i i i i i i i i i i i i i 	
Principal Place of Business Mailing Address										
COLEMAN. ELIZABETH. A. 5370 GULF OF MEXICO DR 5370 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-20-LONGBOAT KEY FL 34228										
US							3a. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1994 05/01/1996			
2. Principal Place of Business			2a. Mail	ing Address			4. FEI Number		Applied For	
Suite, Apt.	# oto		[26]	Suite Apt. #. etc.			65-0501894 Not Applicable			
22]			27	27			5. Certificate of Status Desired	+	75 Additional e Required	
City & State				City & State			6. Election Campaign Financing		. 00 May Be	
Zip Country			28	Zip Country			Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24		25	29		30	у	8. This corporation has liability the Florida Statutes	or intangible tax und	er s. 199.032,	
	9, Name	and Address of Cu		Agent	1901		10. Name and Address of New			
SHEA, JOHN J JR. 2940 SOUTH TAMIAMI TRAIL SARASOTA FL 34239						Street Add 5	ect Address (P.O. Box Number is Not Acceptable) 5370 Gulf of Mexico Drive			
11. Pursuant office or ragent. La	m tamillar w	sions of Sections 607, gent, or both, in the S ith, and accept the o	oligations of Sec	tion 607.0505, F	lorida Statute	ve-named co by the corpor as.	reporation submits this statement for the ation's board of directors. I hereby ac	e purpose of changicept the appointment	ng its registered t as registered	
12.		OFFICERS	AND DIRECTOR		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12	
TITLE	D			DELETE	1.1 1114 €	F	PSTD	X Char	nge 🔲 Addition	
NAME		n, elizabeth a			. 1.2 NAMO					
STREET ADDRESS		LF OF MEXICO DF				T ADDRESS				
CITY-ST-ZIP TITLE	LUNGBU	AT KEY FL 34228		DELETE	1.4 City-			——————————————————————————————————————	53	
NAME				L. J. W.CCIL	2 1 TITLE		ASSISTANT SECRETARY	L Char	nge 💢 Addition	
STREET ADDRESS					2.2 NAMI		SHARON A. SHACKLETT			
CITY-ST-ZIP					2 4 GHY		5370 Gulf of Mexico I			
TITLE	i			DELETE	311011	· · · · · · · · · · · · · · · · · · ·	Longboat Key. FI		nge 🔲 Addition	
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STREET ADDRESS					3.3 STREE	1 ADDRESS				
CITY-ST-ZIP	····				3.4 CHY	-S1 - ZiP				
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CITY-ST-ZIP				DELETE	4.4 CITY -	ST - 7IP				
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NAME STREET ADDRESS					5.2 NAME	T MODOLOG				
CITY-ST-ZIP						T ADDRESS				
TITLE				DELETE	54 CHY- 61 TITLE	31 - ZIF	The state of the s	Char	nge Addition	
NAME					6.2 NAME			LLI Ollar	-9- LL /10010011	
STREET ADDRESS						I ADDRESS				
CITY-ST-ZIP					64 CHY-					
informatio I am an o	indicated Ificer or dire	on this annual report	or supplemental n or the receiver	annual report is or trustee empoy	ify for the ex true and acc wored to exe	empton state	ed in Section 119.07(3)(i), Florida Stat at my signature shall have the same lo ort as required by Chapter 607, Florid	mal effect as if made	under oath; that ny name	