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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

THE PINES OF PLINTA GORDA, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90051 049 ***150.00

	EO OF FORTA GOIDA, INC	,				(()(0
Principal Place	e of Business .	Mailing Address		T (EDITED) EIN FROM DOM DOM DOM	88111 #8119 (8118 91119 1188	fitte timt temt
POST OFFICE		POST OFFICE BOX 901		•		
WINTER HAVEN FL 33882-0901 WINTER HAVEN FL 33882-0		001	DO NOT WRITE	IN THIS SPACE		
			•	3. Date incorporated or Qualifed	_	
				11/12/1997		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		65-0805660	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
22		27	,,	5. Certificate of States Besides	Fee Rec	
City & State	е	City & State		6. Election Campaign Financing	□ \$5.00 t	*
23	<u></u>	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the curren		r=1
24	25		30	Personal Property Tax.		No
	9. Name and Address of Curren	t Registered Agent	04 Na	10. Name and Address of New Reg		
TOD	D DANTZUDA		81 Name	ATZLER R. TODI		
	D, DANTZUR/R		82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
1	IFTH STREET NW		$\rightarrow \frac{5}{1}$	<u>ие</u>		
MAILA	TER HAVEN FL 33881		83 >4	tm =		
			84 City		85 Zip C	ode
ļ		1.	" 3	Ame	_ FL S Zip S	
11. Pursuant	to the provisions of Sections 607,050	and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the puon's board of directors. I hereby accept t	irpose of changing its i	registered ristered
: Oπice or n	egistered agent, or both in the state	priorition of the priorition o	monzed by the corporate	or a board or directors. I hereby decept t	no appointment do log	
agent. I a	m familiar/with, and about the obligat	of, Section 607.0505, Florid	da Statutes.	: // _~	alec	
) agent. i ai	m familiar with, and applipt the obligation	tons of, Section 607.0505, Florid	da Statutes.	4/2	7/49	
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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 of 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 embowered 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 aladyment with an address, with all other like empowered.

SIGNATURE: