

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V60350

(8)

1. Corporation Name

PINEHILL VILLAGE, INC.



Principal Place of Business

100 2ND AVE. S.  
4TH FLOOR N. TOWER  
ST. PETERSBURG FL 33701  
US

Mailing Address

100 2ND AVE. S.  
4TH FLOOR N. TOWER  
ST. PETERSBURG FL 33701  
US

3. Date Incorporated or Qualified

08/26/1992

3a. Date of Last Report

08/22/1995

4. FEI Number

59-3139318

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 5905 Pine Hill Rd.

2a. Mailing Address

26 25 2ND ST. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Port Richey, FL

28 ST. PETERSBURG, FL

Zip

Country

Zip

Country

24 34668

25

29 33711

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDER, BENJAMIN  
100 2ND AVE. SOUTH  
4TH FLOOR, NORTH TOWER  
ST. PETERSBURG FL 33701

81 Name

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

83

84 City

FL

85 Zip Code

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 date of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HUTTON, ELIZABETH  
STREET ADDRESS 25 2ND ST N STE 440 346  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VS  
NAME HUTTON, ELIZABETH  
STREET ADDRESS 100 2ND AVE. S., 4TH FL N. TOWER  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE AS  
NAME FELDER, BENJAMIN  
STREET ADDRESS 100 2ND AVE. S., 4TH FL N TOWER  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

(813) 894 5333

DAYTIME PHONE #

CR2E034 (12/95)