

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720215 (3)**

1. Corporation Name  
**PINE ACRES CIVIC ASSOC., INC.**



Principal Place of Business		Mailing Address	
6649 BERNADEAN BLVD PUNTA GORDA FL 33982 US		6649 BERNADEAN BLVD PUNTA GORDA FL 33982 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified	02/08/1971
4. FEI Number	59-2341403
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HARRIS, GERTRUDE  
6601 BERNADEAN BLVD  
PUNTA GORDA FL 33982

*Judith Kalman*

10. Name and Address of New Registered Agent

81 Name	Judith Kalman
82 Street Address (P.O. Box Number is Not Acceptable)	1821 Judith Lane
83	
84 City	Punta Gorda FL
85 Zip Code	33982

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 agent 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP-As.
NAME	HARRIS, GERTRUDE	1.2 NAME	Doan, Deanna
STREET ADDRESS	6601 BERNADEAN BLVD	1.3 STREET ADDRESS	6550 Jack St
CITY-ST-ZIP	PUNTA GORDA, FL 00000	1.4 CITY-ST-ZIP	Punta Gorda FL 33982
TITLE	P	2.1 TITLE	Pres.
NAME	WEBER, ROBERT	2.2 NAME	Kalman, Judith
STREET ADDRESS	6618 JACKS ST	2.3 STREET ADDRESS	1821 Judith Lane
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE	D	3.1 TITLE	Sec.
NAME	EMPEY, LORRAINE	3.2 NAME	Them, Betty J.
STREET ADDRESS	6840 BERNADEAN BLVD	3.3 STREET ADDRESS	6617 Jack St.
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE	D	4.1 TITLE	D
NAME	DANISON, DAN	4.2 NAME	Coelho, Arthur
STREET ADDRESS	8514 JACK ST	4.3 STREET ADDRESS	6632 Jack St.
CITY-ST-ZIP	PUNTA GORDA, FL 00000	4.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE	D	5.1 TITLE	D
NAME	HAYNES, BILL	5.2 NAME	Empey, Edison
STREET ADDRESS	8510 JACK ST	5.3 STREET ADDRESS	6840 Bernadean Blvd
CITY-ST-ZIP	PUNTA GORDA, FL 00000	5.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE	D	6.1 TITLE	D
NAME	KAZMARK, RAY	6.2 NAME	Webster, Dale
STREET ADDRESS	1800 KEITH DRIVE	6.3 STREET ADDRESS	6525 Jack St
CITY-ST-ZIP	PUNTA GORDA, FL 00000	6.4 CITY-ST-ZIP	Punta Gorda FL 33982

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.

SIGNATURE: *Betty J. Them* Betty J. Them Sec. 1-22-98 941-639-5161

CP2E037 (10/97)