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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90062 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720215
 1. Corporation Name
PINE ACRES CIVIC ASSOC., INC.

Principal Place of Business 6649 BERNADEAN BLVD PUNTA GORDA FL 33982 US	Mailing Address 6649 BERNADEAN BLVD PUNTA GORDA FL 33982 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/08/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2341403
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KALMAN, JUDITH 1821 JUDITH LANE PUNTA GORDA FL 33982		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 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 617.0503, Florida Statutes.

SIGNATURE *Judith A. Kalman, President* *Judith A. Kalman Pres. 1-15-99*
 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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOAN, DEANNA	1.2 NAME	
STREET ADDRESS	6550 JACK ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000 33982	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALMA, JUDITH	2.2 NAME	<i>Kalman, Judith</i>
STREET ADDRESS	1821 JUDITH LANE	2.3 STREET ADDRESS	<i>1821 Judith Lane</i>
CITY-ST-ZIP	PUNTA GORDA FL 33982	2.4 CITY-ST-ZIP	<i>Punta Gorda, FL 33982</i>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEM, BETTY J	3.2 NAME	
STREET ADDRESS	6617 JACK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELHO, ARTHUR	4.2 NAME	<i>D. Coelho, Arthur</i>
STREET ADDRESS	6632 JACK ST	4.3 STREET ADDRESS	<i>6632 Jack St</i>
CITY-ST-ZIP	PUNTA GORDA, FL 00000 33982	4.4 CITY-ST-ZIP	<i>Punta Gorda, FL 33982</i>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMPEY, EDISON	5.2 NAME	
STREET ADDRESS	6840 BERNADEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000 33982	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, DALE	6.2 NAME	
STREET ADDRESS	6525 JACK ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000 33982	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Betty J. Them, Secretary* **REQUIRED** *Betty J. Them 1-15-99 941-639-5161*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)