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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730228** (4)

1. Corporation Name
PINE VALLEY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business 101 CLUBHOUSE BLVD. RR 1 NEW SMYRNA BCH FL 32168	Mailing Address 101 CLUBHOUSE BLVD. RR 1 NEW SMYRNA BCH FL 32168-7909
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3. Date Incorporated or Qualified 07/16/1974	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

4. FEI Number 59-1669287	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GILMORE, J.F.
547 BOTTLE BRUSH
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, W W	
STREET ADDRESS	253 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILMORE, JOHN F.	
STREET ADDRESS	547 BOTTLBRUSH	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, M	
STREET ADDRESS	300 SWEETBAY AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CODRINGTON, W.	
STREET ADDRESS	200 SWEETBAY AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROWE, WILLIAM	
STREET ADDRESS	245 CLUNHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE: *W. W. Robertson* **W. W. ROBERTSON** SEC. 4/13/97 904-427-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8003104

CR2E037 (9/96)