

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90007 034 ****61.25

0000050

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 730228

1. Corporation Name
PINE VALLEY CONDOMINIUM ASSOCIATION INC.

Principal Place of Business 101 CLUBHOUSE BLVD. NEW SMYRNA BCH FL 32168	Mailing Address 101 CLUBHOUSE BLVD. NEW SMYRNA BCH FL 32168
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/16/1974	4. FEI Number 59-1669287	Applied For 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	

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 FL 85 Zip Code
--	--

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, 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **10 March 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD <input type="checkbox"/> DELETE	NAME: ROBERTSON, W W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 253 CLUBHOUSE BLVD	CITY-ST-ZIP: NEW SMYRNA BCH FL	1.2 NAME	
TITLE: PD <input type="checkbox"/> DELETE	NAME: GILMORE, JOHN F.	1.3 STREET ADDRESS	
STREET ADDRESS: 547 BOTTLEBRUSH	CITY-ST-ZIP: NEW SMYRNA BCH, FL 00000	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT <input type="checkbox"/> DELETE	NAME: CODRINGTON, W.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 200 SWEETBAY AVE	CITY-ST-ZIP: NEW SMYRNA BCH FL	2.2 NAME	
TITLE: DV <input type="checkbox"/> DELETE	NAME: MOODY, STANLEY A.	2.3 STREET ADDRESS	
STREET ADDRESS: 119 CLUBHOUSE BLVD	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SIGNATURE REQUIRED *March 8 1999* 904-427-8141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)