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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 740595 (4)
1. Corporation Name
PINE VISTA SOUTH HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 11455 S.W. 93 MIAMI FL 33176
Mailing Address 11455 S.W. 93 MIAMI FL 33176

3. Date Incorporated or Qualified 10/25/1977
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc.

4. FEI Number 59-2063399
Applied For Not Applicable

22 City & State 27

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

23 City & State 28

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER JACOBS
11455 S.W. 93RD COURT
MIAMI FL 33176

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, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Includes names like HAROLD B. LEVINE, RUBEN, SEOANES, and PETER JACOBS with their addresses and titles.

Table with 13 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for title, name, street address, and 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 on an attachment with an address.

SIGNATURE: [Signature] REQUIRED

1.19.97

CF2E037 (9/96)