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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748558 (4)
 1. Corporation Name
THE PINES OWNERS ASSOCIATION, INC.



Principal Place of Business 1400 NEBRASKA AVE. FT PIERCE FL 34950 US	Mailing Address 1400 NEBRASKA DR. FT. PIERCE FL 34950 US	3. Date Incorporated or Qualified 08/17/1979
		4. FEI Number 59-2167724
		Applied For <input type="checkbox"/> Not Applicable

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	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 type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent HARTSFIELD, DALE 1302 NEBRASKA AVE., #11-D FORT PIERCE FL 34950	10. Name and Address of New Registered Agent 81 Name WERKING, MARGARET LORETTA 82 Street Address (P.O. Box Number is Not Acceptable) 1440 N. LAWNWOOD CIRCLE #19-C 83 City -05/04/98--01002--017 84 City Fort Pierce FL 85 Zip Code 34950
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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 Margaret Werking DATE 4/29/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME HARTSFIELD, DALE STREET ADDRESS 1302 NEBRASKA AVE., #11-D CITY-ST-ZIP FORT PIERCE FL	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME WERKING, MARGARET LORETTA 1.3 STREET ADDRESS 1440 N. LAWNWOOD CIRCLE #19-C 1.4 CITY-ST-ZIP FORT PIERCE FL 34950	TITLE VD <input type="checkbox"/> DELETE NAME WERKING, MARGARET LORET STREET ADDRESS 1440 N LAWNWOOD CIRCLE, #19-C CITY-ST-ZIP FORT PIERCE FL	2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME TREFELNER, DALE 2.3 STREET ADDRESS 1502 S.E. GURLEY COURT 2.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34952
TITLE SD <input type="checkbox"/> DELETE NAME PURCELL, KATHY STREET ADDRESS 1402 NEBRASKA AVE., #7-D CITY-ST-ZIP FT. PIERCE FL	3.1 TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME HUFF, MICHAEL 3.3 STREET ADDRESS 4319 THOUSAND PINES DRIVE 3.4 CITY-ST-ZIP FORT PIERCE, FL 34981	TITLE D <input type="checkbox"/> DELETE NAME DRYDEN, NANCY STREET ADDRESS 1302 NEBRASKA AVE., SUITE 14-B CITY-ST-ZIP FT. PIERCE FL	4.1 TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME PURCELL, KATHY 4.3 STREET ADDRESS 1402 Nebraska Ave # 7-D 4.4 CITY-ST-ZIP FORT PIERCE, FL 34950
TITLE D <input type="checkbox"/> DELETE NAME REODICA, ANDRE STREET ADDRESS 6780 N W ABIGAIL AVENUE CITY-ST-ZIP PORT ST. LUCIE FL	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME HARTNETT, PEGGIE 5.3 STREET ADDRESS 1458 N. Lawnwood Circle # 24-B 5.4 CITY-ST-ZIP Fort Pierce, Fl 34950	TITLE D <input type="checkbox"/> DELETE NAME HARTSFIELD, JERRY STREET ADDRESS 1302 NEBRASKA AVE #11-D CITY-ST-ZIP FORT PIERCE FL	6.1 TITLE D 6.2 NAME HARTSFIELD, J. DALE 6.3 STREET ADDRESS 1302 Nebraska Ave. # 11-D 6.4 CITY-ST-ZIP Fort Pierce, Fl 34950

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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 Margaret Werking DATE 4/29/98

CR2E037 (10/97)