


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766191 (1)
1. Corporation Name
PINE RIDGE PALMS ASSOCIATION, INC.



Principal Place of Business 16300 PINE RIDGE ROAD FORT MYERS FL 33908	Mailing Address 16300 PINE RIDGE ROAD FORT MYERS FL 33908
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3. Date Incorporated or Qualified 12/17/1982	
4. FEI Number 59-2346032	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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6. 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	

9. Name and Address of Current Registered Agent
**TRIPP, SAMUEL A
16300 PINE RIDGE ROAD
S-6
FT MYERS FL 33908**

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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	JAMES VARNEY D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEJONG, JOHN	1.2 NAME	16300 Pine Ridge Rd - S-3
STREET ADDRESS	16300 PINE RIDGE ROAD U-15	1.3 STREET ADDRESS	FT MYERS, FL 33908
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, JIM	2.2 NAME	
STREET ADDRESS	16300 PINE RIDGE ROAD W-8	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPP, SAMUEL A	3.2 NAME	
STREET ADDRESS	16300 PINE RIDGE RD S-6	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN JOSEPH	4.2 NAME	
STREET ADDRESS	16300 PINE RIDGE ROAD Y-22	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTICHM JUNE	5.2 NAME	
STREET ADDRESS	16300 PINE RIDGE ROAD V-11	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, SHIRLEY	6.2 NAME	
STREET ADDRESS	16300 PINE RIDGE ROAD U-18	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEYERS FL	6.4 CITY-ST-ZIP	

1.1 TITLE	JAMES VARNEY D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	16300 Pine Ridge Rd - S-3
1.3 STREET ADDRESS	FT MYERS, FL 33908
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 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: *Shirley Goodman* 1-14-98 454-3912

CP2E037 (10/97)