AMOUNT DUE ON OR BEFORE 09/30/98; \$61,25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 767819

(6)

LAKE PINELOCH VILLAGE CONDOMINIUM ASSOCIATION, I

NC.					
Principal Place of Business	Mailing Address				
% P & R HOUSING MANAGEMENT	% P & R HOUSING MANAGEMEN				
P.O. BOX 568846	P.O. BOX 568846				
ORLANDO FL 32856-5846	ORLANDO FL 32856-5846				

98	OCT	19	PH	12:	2	ā

FILED

SECRETARY OF STATE

Principal Place of Business		Mail	Mailing Address							
% P & R HOUSING MANAGEMENT P.O. BOX 568846		% P & R HOUSING MANAGEMENT P.O. BOX 558846			3. Date Incorporated or Qualified 04/06/1983					
ORLANDO FL 32856-5846			ORLANDO FL 32856-5846			Ţ.	4. FEI Number 59-2397637	Applied For Not Applica	_	
Principal Place of Business 1			2a. Mailing Address			:	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State			City & State				7. Is this nonprofit corporation a homeowners association?			
Zip	Country		Zip Country					8. This corporation owes or has paid the current year Intangible		
24 25		29		30			Personal Property Tax due June 30. Yes No			
9. N	ame and Address of Current	Registe	ered Agent	10. Name and Add				0. Name and Address of New Register	ed Agent	
					81	Name	•			
JOHNSON, PAMELA R. 87 W MICHIGAN ST					82	Street	t Address	(P.O. Box Number is Not Acceptable)		\neg
ORLANDO FL 328					83					
					84	Clty			Zip Code	
11. Pursuant to the pro office or registered agent. I am familia	visions of sections 617,0502 an agent, or both, in the State of I r with, and accept the obligation	d 617.1 londa. is of, se	508, Florida Statutes Such change was au ection 617.0503, Flor	, the ab thorized ida Stat	ove-na i by th utes.	med co –	orporation oration's b	submits this statement for the purpose of poard of directors. I hereby accept the app	changing its registered cintment as registered	
SIGNATURE	yped or printed name of registered agent a	od title if so	policable. (NC	TF: Regist	tered Arr	ent signatu	ura required w	when reinstating) DATE	<u> </u>	
12.	OFFICERS AND			13				ADDITIONS/CHANGES TO OFFICERS		, –
TITLE T	5111521157315		DELETE		TITLE		TV		Change Addit	
NAME SNYDE	R, RICHARD			1.2	NAME		'		Tel allowed Tel Lorent	
STREET ADDRESS 1251 LAKE WILLISARA ORLANDO FL		Į.		1.33	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		;			
mle P				2.1			1		Change Addit	lion
NAME WILLINGHAM, JAMES STREET ADDRESS 2900 MONACO CT				2.21				800002670	4280	- 1
				2.3 3			;	-10/22/9801087014		
CITY-ST-ZIP ORLANDO FL				2.4 CITY-ST-ZIP			*****F1_25			
TITLE D			DELETE	3.1	TITLE "	heart -		The second secon	Change Addit	άδη' i
	LAT, VICTOR			3.21	NAME]
1	AKE WILLISARA CR			3.3 \$	STREET	ADDRESS	1/1/	LINIQUAG AN		İ
	DO FL			_	CITY-ST-	ZIP	1	2 10/01/10 11/C	-	
TITLE V			X DELETE	1	TITLE		2.	AA. AA.	Change Addit	ion
1	T, JAMES L.				NAME		KAB	OOL DON LAKE PINELOCH		
	AKE WILLISARA CIR			- 1		ADDRESS	1	LAKE PINE WH		
CITY-ST-ZIP ORLAN	DO FL				CITY-ST-	ZIP	DRU	ANDO PL		
TITLE S	2511011112 20111		X DELETE		TITLE		D.	and the common at a transfer of the common o	Change 🔀 Addit	ion
	-BEAUCHAMP, POLLY				NAME		JHIJE(QUIST, CHARLES,		į
1	IONACO COURT					ADDRESS	141217	8 Trenton en Cour	Ţ.	
	DO FL			_	CITY-ST-	ZIP	ORLE	ANDU IL		
TITLE D	ED DOREDT		DELETE		ITTLE		D.	VIING GARRIES	Change 🔲 Addit	lon
1	ER, ROBERT				NAME		1954	CHAMP, POLLY 3 MONACO COURT		
STREET ADDRESS 2803 MARSALA COURT CITY-ST-ZIP ORLANDO FL						ADDRESS	(2)	S MONATO COO PE I		
CITY-ST-ZIP ORLAN	DO FL			6.4 (CITY-ST-	ZIP	UKLA	ando Fl		

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: