

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90141 044 ****61.25

005557

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

DOCUMENT # N02457

1. Corporation Name
PINEBROOK TOWNE HOUSE ASSOCIATION, INC.

Principal Place of Business 7850 ULMERTON ROAD SUITE 1 LARGO FL 33771 US	Mailing Address 7850 ULMERTON ROAD SUITE 1 LARGO FL 33771 US
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	3. Date Incorporated or Qualified 04/10/1984 4. FEI Number 59-2478096 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 MEZER, STEVEN H ESQ. 1212 COURT STREET SUITE B CLEARWATER FL 33756	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LONG, CANDI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, CANDI	1.2 NAME	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	1.4 CITY-ST-ZIP	
TITLE	SD HOOD, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, DAVID	2.2 NAME	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	2.4 CITY-ST-ZIP	
TITLE	PD GUIDRY, ADRIENE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDRY, ADRIENE	3.2 NAME	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	3.4 CITY-ST-ZIP	
TITLE	VD JULIAN, GARY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, GARY	4.2 NAME	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	4.4 CITY-ST-ZIP	
TITLE	TD JULIAN, EVE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, EVE	5.2 NAME	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	5.4 CITY-ST-ZIP	
TITLE	D LANG, KATHLEEN	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANG, KATHLEEN	6.2 NAME	Director
STREET ADDRESS	7850 ULMERTON RD., STE. 1	6.3 STREET ADDRESS	Kelly Bradshaw
CITY-ST-ZIP	LARGO FL 33771	6.4 CITY-ST-ZIP	4501 37th Street South St. Petersburg, FL 33711

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 REQUIRED V.P. 1/17/99 727.530.4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)