## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCLIMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Corporation Name	# 1423120	o (3)						
PINE VIEW FOUNDATION, INC.								
							PIGNE ARBEN BURN BERNEN ING	
Principal Place of Busines	SS	Mailing Address				s sensition at a trailed respect female himst leaft at a state at a state of		
2621 MALL DR		2621 MALL DR				3. Date Incorporated or Qualified	**********	
SARASOTA FL 34231		SARASOTA FL 34231				12/15/1988		
US		US				4. FEI Number	Applied For	
					65-0119187	Not Applicable		
Principal Place of Business 21		2a. Mailing Address 26				\$8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			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?  Yes No		
Zip 24	Country 25	Zip 29	Zip Country		•	8. This corporation owes or has paid the currer Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name			
ROBERTS, LAURA 2821 MALL DR				82	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34231				83	83			
				84	FL			
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								

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
		OTE: Registered Agent signature	,					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	HORLICK, MICHAEL D.	1.2 NAME						
street address	604 APALACHICOLA DR.	1.3 STREET ADDRESS						
CITY-ST-ZIP	VENICE FL	1.4 CITY - ST-ZIP						
TITLE	D DELETE	2.1 TITLE	Change Addition					
NAME	KOLSTAD, CHARLES K.	2.2 NAME						
street address	7207 PINE NEEDLE ROAD	2.3 STREET ADDRESS	s					
CITY - ST - ZIP	SARASOTA FL	2. 4 CITY - ST - ZIP						
TITLE	D DELETE	3.1 TITLE	Change Addition					
NAME	LARGO, STEVEN M.	3.2 NAME						
STREET ADDRESS	4421 CHIMNEY CREEK DRIVE	3.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL	3.4. CITY-ST-ZIP						
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME	OLSON, DAVID E.	4. 2 NAME						
STREET ADDRESS	30 N. WASHINGTON	4.3 STREET ADDRESS						
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP						
TITLE	D DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME	PADAR, STEPHEN C.	5.2 NAME						
STREET ADDRESS	1888 HILLVIEW	5.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	~					
TITLE	D DELETE	6.1 TITLE	Change Addition					
NAME	ROBERTS, LAURA	6.2 NAME						
STREET ADDRESS	-2951 CLARK ROAD	6.3 STREET ADDRESS	2621 MALL DR					

SARASOTA FL CITY-ST-ZIP 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 is true and accurrate 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 wite an address.

**FILED** 

Jan 20 1998 8:00am

Secretary of State