

3/24/97 B-3504 C
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 Mar 24 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000617 (1)
 1. Corporation Name
 PINE ISLAND BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 8930 SR #84 SUITE 109 DAVIE FL 33324 US
 8930 SR #84 SUITE 109 DAVIE FL 33324-4456 US

3. Date Incorporated or Qualified 02/15/1993
 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number 65-0414697 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 FISCHER, TOM
 8930 SR #84, #109
 DAVIE FL 33324

10. Name and Address of New Registered Agent
 81 Name Wolventon, Robert
 82 Street Address (P.O. Box Number is Not Acceptable) 8930 SR #84, #109
 83
 84 City Davie FL 85 Zip Code 33324

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: Robert A. Wolventon (NOTE: Registered Agent signature required when reinstating) Tom Fischer 1/27/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, TOM	
STREET ADDRESS	8930 SR #84, #109	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, JENNY	
STREET ADDRESS	8930 SR #84 #109	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, WILLIAM	
STREET ADDRESS	8930 SR #84 #109	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIDELLA, VICKI	
STREET ADDRESS	8930 SR #84, #109	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILMONT, DIANA	
STREET ADDRESS	8930 SR #84, #109	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRIPODI, FRANK	
STREET ADDRESS	8930 SR #84, #109	
CITY-ST-ZIP	DAVIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Wolventon	
1.3 STREET ADDRESS	8930 SR #84, #109	
1.4 CITY-ST-ZIP	DAVIE, Florida 33328	
2.1 TITLE	VICE PRESIDENT (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELIZABETH CASTRO	
2.3 STREET ADDRESS	8930 SR#84, #109	
2.4 CITY-ST-ZIP	Davie Florida 33328	
3.1 TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOREAN CORTI	
3.3 STREET ADDRESS	8930 SR#84 #109	
3.4 CITY-ST-ZIP	Davie, Florida 33328	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DONNA GORDON	
4.3 STREET ADDRESS	8930 SR#84 #109	
4.4 CITY-ST-ZIP	Davie Florida 33328	
5.1 TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	APRIL HARTIG	
5.3 STREET ADDRESS	8930 SR#84, #109	
5.4 CITY-ST-ZIP	Davie Florida 33328	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.09(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: Robert A. Wolventon 1/27/97 305-789-2519
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037200

CR2E037 (9/96)