


FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorg Secretary of State DIVISION OF CORPORATIONS
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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 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified	02/15/1993	
4. FEI Number	65-0414697	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOLVERTON, ROBERT
8930 SR 84
109
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name **Carol Whitlow**
82 Street Address (P.O. Box Number Is Not Acceptable) **8930 SR 84**
83 **109**
84 City **DAVIE** **Fla** **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 *Carol Whitlow* **CAROL WHITLOW, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOLVERTON, ROBERT	1.2 NAME	Carol Whitlow
STREET ADDRESS	8930 SR #84, #109	1.3 STREET ADDRESS	8930 SR #84 #109
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE Fla
TITLE	VPD	2.1 TITLE	Nancy Corichi VPD
NAME	CASTRO, ELIZABETH	2.2 NAME	8930 SR #84 #109
STREET ADDRESS	8930 SR #84 #109	2.3 STREET ADDRESS	DAVIE, Fla
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	CORTI, DOREAN	3.2 NAME	CORTI, DOREAN
STREET ADDRESS	8930 SR #84 #109	3.3 STREET ADDRESS	Same 8930 SR 84 #109
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	DAVIE Fla
TITLE	D	4.1 TITLE	
NAME	GORDON, DONNA	4.2 NAME	
STREET ADDRESS	8930 SR #84, #109	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	Secretary SD
NAME	HARTIG, APRIL	5.2 NAME	Barbara Caballero
STREET ADDRESS	8930 SR #84, #109	5.3 STREET ADDRESS	8930 Strg #84 #109
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	DAVIE FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		6.2 NAME	
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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 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: *Dorean Corti* **Dorean Corti** 1-20-98

CP2E037 (10/97)