FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N93000003439 (7)**

1. Corporation Name

PIPKIN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1106 DOSSEYWOOD LANE P.O. BOX 5037 LAKELAND FL 33811 US	P O BOX 5037 P.O. BOX 5037 LAKELAND FL 33807 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 5242
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 07/28/1993	3a. Date of Last Report 04/03/1995
4. FEI Number 59-3203522	☐ 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

SWEAT, WILLIAM A JR
2018 SOUTH FLORIDA AVENUE
LAKELAND FL 33806

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Are Not Acceptable)

000001267190
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***61.25

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	PVD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	GARDNER, DAVID H		1.2 NAME	Collier Chapman	
STREET ADDRESS	PO BOX 5037 N/A		1.3 STREET ADDRESS	1229 Dosseywood Lane	
CITY-ST-ZIP	LAKELAND FL 33807		1.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	STD	☒ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	OLIVER, MILDRED A		2.2 NAME	Kenneth Kincaid	
STREET ADDRESS	PO BOX 5037 N/A		2.3 STREET ADDRESS	1205 Dosseywood Lane	
CITY-ST-ZIP	LAKELAND FL 33807		2.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	GARDNER, DAVID H JR		3.2 NAME	Tawny Simon	
STREET ADDRESS	PO BOX 5037 N/A		3.3 STREET ADDRESS	4840 Dosseywood Court	
CITY-ST-ZIP	LAKELAND FL 33807		3.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		☐ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME			4.2 NAME	Vicki Baker	
STREET ADDRESS			4.3 STREET ADDRESS	1127 Dosseywood Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME			5.2 NAME	Edward Brackemyer	Kenneth Huston
STREET ADDRESS			5.3 STREET ADDRESS	1163 Dosseywood Lane	1141 Dosseywood Lane
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lakeland, FL 33811	Lakeland, FL 33811
TITLE		☐ DELETE	6.1 TITLE	Director	☒ Change ☐ Addition
NAME			6.2 NAME	Joan Garrett	
STREET ADDRESS			6.3 STREET ADDRESS	1204 Dosseywood Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Lakeland, FL 33811	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kenneth M. Kincaid 2-22-96 V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-96