SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 19 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 # **N93000003439 (7)**

1. Corporation Name

PIPKIN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. Box 5242 ~~4106 DOSSEYWOOD LANE~~ P.O. BOX ~~5037~~ 5242 LAKELAND FL 33811 US	P O BOX 5242 P.O. BOX 5037 5242 LAKELAND FL 33807 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1993	3a. Date of Last Report: 04/02/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWEAT, WILLIAM A JR 2018 SOUTH FLORIDA AVENUE LAKELAND FL 33806	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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CHAPMAN, COLLIER		1.2 NAME	Brackemyer, Edward	
STREET ADDRESS	1229 DOSSEYWOOD LANE		1.3 STREET ADDRESS	1163 Doseywood Lane	
CITY-ST-ZIP	LAKELAND FL 33811		1.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	KINCAID, KENNETH		2.2 NAME	Huston, Kenneth	
STREET ADDRESS	1205 DOSSEYWOOD LANE		2.3 STREET ADDRESS	1141 Dosseywood Lane	
CITY-ST-ZIP	LAKELAND FL 33811		2.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	SIMON, TAWNY		3.2 NAME	Pinkson, Sharon	
STREET ADDRESS	4840 DOSSEYWOOD COURT		3.3 STREET ADDRESS	1228 Dosseywood Lane	
CITY-ST-ZIP	LAKELAND FL 33811		3.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	BAKER, VICKI		4.2 NAME	Rahn, Carol R.	
STREET ADDRESS	1127 DOSEYWOOD LANE		4.3 STREET ADDRESS	1153 Dosseywood Lane	
CITY-ST-ZIP	LAKELAND FL 33811		4.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BRACKEMYER, EDWARD		5.2 NAME	Rigdon, Don	
STREET ADDRESS	1163 DOSEYWOOD LANE		5.3 STREET ADDRESS	4817 Dosseywood Court	
CITY-ST-ZIP	LAKELAND FL 33811		5.4 CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	D	☒ DELETE	6.1 TITLE	D D	☒ Change ☐ Addition
NAME	HUSTON, KENNETH		6.2 NAME	Colen, Rick Oliver, Mildred	
STREET ADDRESS	1141 DOSSEYWOOD LANE		6.3 STREET ADDRESS	1215 Dosseywood Lane P O Box5037	
CITY-ST-ZIP	LAKELAND FL 33811		6.4 CITY-ST-ZIP	Lakeland, FL 33811 Lakeland, FL 33807	

CR2E037 (4/97)

14. I do 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: SIGNATURE REQUIRED Carol R Rahn 8/14/97 941 533-2447