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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003439

1. Corporation Name
PIPKIN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 5242 ~~P.O. BOX 5807~~ LAKELAND FL ~~33811~~ 33807 US	PO BOX 5242 ~~P.O. BOX 5807~~ LAKELAND FL ~~33811~~ 33807 US

2. Principal Place of Business 21	2a. Mailing Address 26 P. O. Box 5242	3. Date Incorporated or Qualifed 07/28/1993	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3203522	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Lakeland, Florida	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33807 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

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 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		☐ Change ☐ Addition
NAME	BRACKEMYER, EDWARD		1.2 NAME		
STREET ADDRESS	1163 DOSEYWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SIMON, DAVID		2.2 NAME	HEIDI LENKER	
STREET ADDRESS	4840 DOSSEYWOOD CT		2.3 STREET ADDRESS	1130 DOSSEYWOOD LANE	
CITY-ST-ZIP	LAKELAND FL 33811		2. 4 CITY-ST-ZIP	~~LAKELAND, FL 33811~~	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOGE, CYNTHIA		3.2 NAME		
STREET ADDRESS	1165 DOSSEYWOOD LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	LKAELAND FL 33811		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	RAHN, CAROL R		4. 2 NAME	MILDRED A. GARDNER	
STREET ADDRESS	1153 DOSSEYWOOD LANE		4.3 STREET ADDRESS	1251 DOSSEYWOOD LANE	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	LAKELAND, FL. 33811	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SAENZ, BRETT		5.2 NAME	KEN KINCAID	
STREET ADDRESS	4830 DOSSEYWOOD CT		5.3 STREET ADDRESS	1205 DOSSEYWOOD LANE	
CITY-ST-ZIP	LAKELAND FL 33811		5.4 CITY-ST-ZIP	~~LAKELAND, FL 33811~~	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BELL, CHARLES		6.2 NAME	CHUCK LOMBARDO	
STREET ADDRESS	4815 DOSSEYWOOD CT		6.3 STREET ADDRESS	1230 DOSSEYWOOD LANE	
CITY-ST-ZIP	LAKELAND FL 33811		6.4 CITY-ST-ZIP	LAKELAND, FL. 33811	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Edward SIGN & PRINT REQUIRED 3/10/99 (941) 644-8540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #