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Secretary of State

03-01-1999 90196 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005680

1. Corporation Name

PINES VILLAGE PIONEERS, INC.

Principal Place of Business

6836 SW 10TH STREET
PEMBROKE PINES FL 33023

Mailing Address

6836 SW 10TH STREET
PEMBROKE PINES FL 33023



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0706285	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WITOSHYNSKY, GERALDINE 6836 SW 10TH STREET PEMBROKE PINES FL 33023				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOEHM, PATRICIA E	1.2 NAME	O'LEARY, DOROTHY
STREET ADDRESS	621 SW 64TH WAY	1.3 STREET ADDRESS	6911 S.W. 12 th ST.
CITY-ST-ZIP	PEMBROKE PINES FL 33023	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTURELLA, MARIE	2.2 NAME	THAIFT, MITZI
STREET ADDRESS	720 SW 68TH BLVD.	2.3 STREET ADDRESS	6430 S.W. 74 th ST.
CITY-ST-ZIP	PEMBROKE PINES FL 33023	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WITOSHYNSKY, GERALDINE	3.2 NAME	
STREET ADDRESS	6836 SW 10TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WELLS, CAROLYN J	4.2 NAME	
STREET ADDRESS	530 SW 69TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SPITZ, ANNA R	5.2 NAME	
STREET ADDRESS	340 SW 64TH WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	VENTURELLA, DOM	6.2 NAME	
STREET ADDRESS	720 SW 68TH BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

954-961-3675

Daytime Phone #

CR2E037 (11/98)