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Jun 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006440 (9)**

1. Corporation Name

**PINE RIDGE HOLLOW EAST HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
5449 SOUTH SEMORAN BLVD SUITE 20 ORLANDO FL 32822	5449 SOUTH SEMORAN BLVD SUITE 20 ORLANDO FL 32822

2. Principal Place of Business	2a. Mailing Address
21 2816 E. ROBINSON ST. Suite, Apt. #, etc. 22 SUITE 200 City & State 23 ORLANDO FL Zip 24 32803	26 2816 E. ROBINSON ST. Suite, Apt. #, etc. 27 SUITE 200 City & State 28 ORLANDO, FL. Zip 29 32803 Country 30 ORANGE

3. Date Incorporated or Qualified	4. FEI Number	Applied For
12/16/1996	59-3228360	APPLIED FOR
5. Certificate of Status Desired	6. Election Campaign Financing	7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAWKINS, KEVIN 5449 SOUTH SEMORAN BLVD SUITE 20 ORLANDO FL 32822	81 Name KEVIN B. HAWKINS 82 Street Address (P.O. Box Number is Not Acceptable) 2816 E. ROBINSON ST. 83 SUITE 200 84 City ORLANDO FL 85 Zip Code 32803

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 5-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HAWKINS, KEVIN	1.2 NAME	KEVIN HAWKINS
STREET ADDRESS	5449 S SEMORAN BLVD, STE 20	1.3 STREET ADDRESS	2816 E. ROBINSON ST., SUITE 200
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	STD	2.1 TITLE	
NAME	HOLLO, TIBOR	2.2 NAME	
STREET ADDRESS	444 BRICKELL AVENUE STE 530	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33101	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HOLLO, JEROME	3.2 NAME	
STREET ADDRESS	444 BRICKELL AVENUE STE 530	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33101	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 addendum.

SIGNATURE \_\_\_\_\_ DATE 5-28-98

CR2E037 (10/97)