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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 197528 (3)
1. Corporation Name
PINE MEADOWS GOLF ESTATES INC

Principal Place of Business Mailing Address
17110 PINE MEADOWS GOLF COURSE RD. 17110 PINE MEADOWS GOLF COURSE RD.
EUSTIS FL 32726 EUSTIS FL 32726-6800



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/10/1956		04/25/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-0814269		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CROAK, MICHAEL A.
14229 U.S. HIGHWAY 441
TAVARES FL 32778

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☒ DELETE
NAME	KARCZEWSKI, WALTER	
STREET ADDRESS	13 BRIGADOON CIR	
CITY-ST-ZIP	LEESBURG FL 32788	
TITLE	P	☐ DELETE
NAME	MULHOLLAND, DENNIS	
STREET ADDRESS	17350 EAST RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	S	☒ DELETE
NAME	LAWSON, CHARLENE	
STREET ADDRESS	3084 PINE COVE PL	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	T	☐ DELETE
NAME	CAMPBELL, FRED	
STREET ADDRESS	1820 C.R. 19A	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	☐ DELETE
NAME	LAMM, WILLIAM	
STREET ADDRESS	37428 TURNER DR	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	☐ DELETE
NAME	SPEICH, HENRY	
STREET ADDRESS	P O BOX 1856 18700 ORANGE AVE	
CITY-ST-ZIP	UMATILLA FL 32784	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Lippincott, Donald R.	
1.3 STREET ADDRESS	13625 Berkshire Ct. P. O. Box 151	
1.4 CITY-ST-ZIP	Grand Island, FL 32725	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Stavey, Martha	
2.3 STREET ADDRESS	231 Douglas Dr.	
2.4 CITY-ST-ZIP	Eustis, FL 32726	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Russett, Helen	
3.3 STREET ADDRESS	1595 Pine Meadows Golf Course Rd.	
3.4 CITY-ST-ZIP	Eustis, FL 32726	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Scholle, James	
4.3 STREET ADDRESS	2101 Dogwood Circle	
4.4 CITY-ST-ZIP	Mt. Dora, FL 32757	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Simmons, William L.	
5.3 STREET ADDRESS	19838 Eldorado Dr.	
5.4 CITY-ST-ZIP	Eustis, FL 32726	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Smith, Dr. E. Ray	
6.3 STREET ADDRESS	1340 E. Orange Ave.	
6.4 CITY-ST-ZIP	Eustis, FL 32726	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald R. Lippincott*

4/23/97

CR2E034 (9/96)