

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **197528** (3)
1. Corporation Name
PINE MEADOWS GOLF ESTATES INC

Principal Place of Business 17110 PINE MEADOWS GOLF COURSE RD. EUSTIS FL 32726	Mailing Address 17110 PINE MEADOWS GOLF COURSE RD. EUSTIS FL 32726
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1956	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0814269		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		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 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	
		85 Zip Code FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UPPINCOTT, DONALD R	1.2 NAME	R. K. Scovill
STREET ADDRESS	13825 BERKSHIRE CT.,	1.3 STREET ADDRESS	22308 Live Oaks Ranch Rd.
CITY-ST-ZIP	GRAND ISLAND FL	1.4 CITY-ST-ZIP	Umatilla, FL 32784
TITLE	V P <input type="checkbox"/> DELETE	2.1 TITLE	Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULHOLLAND, DENNIS	2.2 NAME	John M. Tench
STREET ADDRESS	17350 EAST RD	2.3 STREET ADDRESS	1290 Gray Ct. Eustis, FL 32726
CITY-ST-ZIP	UMATILLA FL 32784	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Gerald Siegel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSETT, HELEN	3.2 NAME	2635 Lake Landing Blvd. Eustis, FL
STREET ADDRESS	1595 PINE MEADOW GOLF COURSE RD.	3.3 STREET ADDRESS	32726
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Ted M. Henderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, FRED	4.2 NAME	35606 Hwy, 439
STREET ADDRESS	1820 C.R. 19A	4.3 STREET ADDRESS	Eustis, FL 32726
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Richard M. Harper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMM, WILLIAM	5.2 NAME	437 Laura Lane Mt. Dora, FL 32757
STREET ADDRESS	37428 TURNER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Dr. E. Ray Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEICH, HENRY	6.2 NAME	1340 E. Orange Ave.
STREET ADDRESS	P O BOX 1856 16700 ORANGE AVE	6.3 STREET ADDRESS	Eustis, FL 32726
CITY-ST-ZIP	UMATILLA FL 32784	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)