

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 10 1998 8:00am
Secretary of State

DOCUMENT # 716028 (6)

1. Corporation Name

PINE AIR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

815 RIDGE RD
LANTANA FL 33462

815 RIDGE RD
LANTANA FL 33462
US

3. Date Incorporated or Qualified

02/11/1969

4. FEI Number

65-0082966

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DALE, RAY
815 RIDGE RD
#6
LANTANA FL 33462

10. Name and Address of New Registered Agent

81

Name

JOHN D. AHO

82

Street Address (P.O. Box Number is Not Acceptable)

815 Ridge Road #7

83

84

City

LANTANA

FL

85

Zip Code

33462

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

TITLE PD ☒ DELETE

NAME DALE, RAY
STREET ADDRESS 815 RIDGE RD, #6
CITY-ST-ZIP LANTANA FL 33462

TITLE TD ☐ DELETE

NAME AHO, JOHN D
STREET ADDRESS 815 RIDGE RD, #7
CITY-ST-ZIP LANTANA FL 33462

TITLE D ☒ DELETE

NAME KILMALA, IRJA
STREET ADDRESS 815 RIDGE RD.
CITY-ST-ZIP LANTANA FL

TITLE ☐ DELETE

NAME ~~XXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☐ Change ☒ Addition

1.2 NAME NIKANDER, M. E.
1.3 STREET ADDRESS 570 S.W. South River DR. #102
1.4 CITY-ST-ZIP STUART, FL. 34997

2.1 TITLE S.D. ☐ Change ☒ Addition

2.2 NAME KNIGHT, R. A.
2.3 STREET ADDRESS 815 RIDGE RD. #4
2.4 CITY-ST-ZIP LANTANA, FL. 33462

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME VOGT, JOHN
3.3 STREET ADDRESS 815 RIDGE RD. #2
3.4 CITY-ST-ZIP LANTANA, FL. 33462

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME AHO, JOHN D.
4.3 STREET ADDRESS 815 RIDGE RD. #7
4.4 CITY-ST-ZIP LANTANA FL. 33462

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(l), 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.

SIGNATURE:

R. G. Knight R. A. Knight

SEPT. 8, 1998

Date Daytime Phone #

CR2E037 (5/98)