


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734234 (8)
 1. Corporation Name
PINEBROOK SOUTH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1343 FEATHER BED LANE VENICE FL 34292 US	Mailing Address P.O. BOX 1325 VENICE FL 34284 US
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3. Date Incorporated or Qualified 11/03/1975
4. FEI Number 59-2009425
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <i>ASSN</i> 5114 BROAD St. HOMEOWNERS	2a. Mailing Address <i>ASSN</i> PINEBROOK St. HOMEOWNERS
22 Suite, Apt. #, etc. 1343 FEATHER BED Ln	27 Suite, Apt. #, etc. P.O. Box 1325
23 City & State VENICE, FLA	28 City & State VENICE, FLA
24 Zip 34292	25 Country U.S.A
29 Zip 34284	30 Country U.S.A

9. Name and Address of Current Registered Agent
WULP, SHARON S. VAND
227 NOKOMIS AVE SOUTH
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name MAA
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	RIGGAL, PEGGY
STREET ADDRESS	1139 KETCH LANE
CITY-ST-ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JACKSON, JERRY
STREET ADDRESS	1217 SLOPPY HOLLOW RD
CITY-ST-ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEHNE, RICHARD
STREET ADDRESS	1323 WHISPERING LA.
CITY-ST-ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RINGEL, REG
STREET ADDRESS	1227 WATERSIDE LANE
CITY-ST-ZIP	VENICE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SWETT, DAVID
STREET ADDRESS	1226 SCHOONER LN.
CITY-ST-ZIP	VENICE, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D HEALY, JAMES
1.3 STREET ADDRESS	1328 WHISPERING LA
1.4 CITY-ST-ZIP	VENICE, FLA. 34292
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D. FIOA, FRANK
2.3 STREET ADDRESS	1322 PINE NEEDLE RD.
2.4 CITY-ST-ZIP	VENICE, FLA. 34292
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

SIGNATURE: **SIGNATURE REQUIRED** _____ **1/26/98** **485-1247**

CR2E037 (10/97)