

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 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 # 737724 (5)
1. Corporation Name
PINE RANCH OWNERS ASSOCIATION, INC.



Principal Place of Business 404 LONGBOW TRAIL OSPREY FL 34229 US	Mailing Address PO BOX 133 OSPREY FL 34229 US
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3. Date Incorporated or Qualified
12/30/1976

4. FEI Number 59-2116477	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	28 Country
25 Country	29 Zip
30 Country	

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
**MORGAN, JEANNE
404 LONGBOW TRAIL
OSPREY FL 34229**

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

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 rehashing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIEGEL, FRANCES	
STREET ADDRESS	50 LONGBOW TRAIL	
CITY-ST-ZIP	OSPREY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HYATT, PATRICIA	
STREET ADDRESS	201 ENGLENOOK WAY	
CITY-ST-ZIP	OSPREY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PISCOIOTTI, MICHAEL	
STREET ADDRESS	401 ENGLENOOK WAY	
CITY-ST-ZIP	OSPREY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORGAN, JEANNE	
STREET ADDRESS	404 LONGBOW TR	
CITY-ST-ZIP	OSPREY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHRIS KOLOSKI	
1.3 STREET ADDRESS	501 ENGLENOOK WAY	
1.4 CITY-ST-ZIP	OSPREY, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANN PINNEY	
2.3 STREET ADDRESS	104 LONGBOW TRAIL	
2.4 CITY-ST-ZIP	OSPREY, FL	
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: *Jeanne V. Morgan* **JEANNE V. MORGAN** 2-10-98 541-965-3378

CR2E037 (10/97)