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Mar 09 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 # 738261 1. Corporation Name PINEWOOD COVE ASSOCIATION, INC.	(7)
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Principal Place of Business PO BOX 13 ST. JAMES CITY FL 33956 US	Mailing Address PO BOX 13 ST. JAMES CITY FL 33956 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SCHOENBAECHLER, MARIE 4945 PORKY LANE ST. JAMES CITY FL 33956	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McFARLAND, L K	1.2 NAME	Cameron, Hugh
STREET ADDRESS	6024 GULFGATE LANE	1.3 STREET ADDRESS	5004 Gulfgate Lane
CITY-ST-ZIP	ST JAMES CITY FL 33956	1.4 CITY-ST-ZIP	St. James City, FL 33956
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRENCH, THOMAS	2.2 NAME	James Gilbert
STREET ADDRESS	4934 PORKY LANE	2.3 STREET ADDRESS	4936 Gulfgate Lane
CITY-ST-ZIP	ST JAMES CITY FL	2.4 CITY-ST-ZIP	St. James City, FL 33956
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTENS, THOMAS	3.2 NAME	
STREET ADDRESS	4960 GULFGATE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL 33956	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENBAECHLER, MARIE	4.2 NAME	
STREET ADDRESS	4945 PORKY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. JAMES CITY FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABONVILLE, A A	5.2 NAME	
STREET ADDRESS	4888 GULFGATE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRET, VIOLA	6.2 NAME	
STREET ADDRESS	4974 PORKY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. JAMES CITY FL	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: *Marie Schoenbaechler* Marie Schoenbaechler 3/2/98 941-283-2786

CR2E037 (10/97)