

mp

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741418 (8)

1. Corporation Name

PEACEFUL PINES HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

19621-46 N TAMiami TRAIL
N FT MYERS FL 33903
US19621-46 N TAMiami TRAIL
N FT MYERS FL 33903
US

3. Date Incorporated or Qualified

01/23/1978

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ANDRUCKO, RONALD G
19621-45 N TAMiami TRAIL
N FT MYERS FL 33903~~

B1 Name

ALDEN E LINDER

B2 Street Address (P.O. Box Number is Not Acceptable)

19621 N Tamiami Tr.

B3

Lot 16 N Fort Myers

B4 City

Florida

FL

B5 Zip Code

33903

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 Barbara BosseBarbara Bosse

4-8-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETENAME ANDRUCKO, RONALD G
STREET ADDRESS 19621-45 N TAMiami TRAIL
CITY-ST-ZIP N FT MYERS FL1.1 TITLE ☒ Change ☐ Addition1.2 NAME PRESIDENT
1.3 STREET ADDRESS ALDEN E LINDER
1.4 CITY-ST-ZIP 19621- N TAMiami TRAIL
N FT MYERS, FL 33903TITLE ☐ DELETENAME VPS
DAVIS, RUSSELL
STREET ADDRESS 19621-10 N TAMiami TR
CITY-ST-ZIP N FT MYERS FL2.1 TITLE ☐ Change ☒ Addition2.2 NAME DAVIS Russell
2.3 STREET ADDRESS 19621-10 N Tamiami Tr.
2.4 CITY-ST-ZIP N Fort Myers FLTITLE ☐ DELETENAME BOSSE, BARBARA
STREET ADDRESS 19621-50 N TAMiami TR
CITY-ST-ZIP N FT MYERS FL3.1 TITLE ☐ Change ☒ Addition3.2 NAME Bosse Barbara
3.3 STREET ADDRESS 19621-50 N Tamiami Tr
3.4 CITY-ST-ZIP N Fort MyersTITLE ☐ DELETENAME KOVACS, DARALEE
STREET ADDRESS 19621-24 N TAMiami TR
CITY-ST-ZIP N FT MYERS FL4.1 TITLE ☐ Change ☒ Addition4.2 NAME Kovacs Daralee
4.3 STREET ADDRESS 19621-24 N Tamiami Tr.
4.4 CITY-ST-ZIP N Fort MyersTITLE ☐ DELETENAME LINDER, ELSIE
STREET ADDRESS 19621-16 N TAMiami TRAIL
CITY-ST-ZIP N FT MYERS FL5.1 TITLE ☐ Change ☒ Addition5.2 NAME Linder Elsie
5.3 STREET ADDRESS 19621-16 N Tamiami Tr.
5.4 CITY-ST-ZIP N Fort Myers FLTITLE ☐ DELETENAME SCHEIDL, ANNA-MARIE
STREET ADDRESS 19621-46 N. TAMiami TR
CITY-ST-ZIP N. FORT MYERS FL 339036.1 TITLE ☐ Change ☒ Addition6.2 NAME Scheidl Anna-marie
6.3 STREET ADDRESS 19621-46 N Tamiami Tr
6.4 CITY-ST-ZIP N Fort Myers FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Barbara Bosse chairman of 4-8-98

CR2E037 (10/97)