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Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90058 034 *****70.00



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741418

1. Corporation Name

PEACEFUL PINES HOMEOWNERS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/23/1978
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	NOT APPLICABLE
24	29	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LINDER, ALDEN E
19621 NORTH TAMiami TRAIL
LOT 16
NORTH FORT MYERS FL 33903

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

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 *Alden E Linder*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, ALDEN E	1.2 NAME	
STREET ADDRESS	19621 NORTH TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	1.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RUSSELL	2.2 NAME	
STREET ADDRESS	19621-10 N TAMiami TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSE, BARBARA	3.2 NAME	
STREET ADDRESS	19621-50 N TAMiami TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACS, DARALEE	4.2 NAME	
STREET ADDRESS	19621-24 N TAMiami TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, ELSIE	5.2 NAME	
STREET ADDRESS	19621-16 N TAMiami TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIDL, ANNA-MARIE	6.2 NAME	
STREET ADDRESS	19621-46 N. TAMiami TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYERS FL 33903	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, with all other like empowered.

SIGNATURE: *Linder Alden E*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99-941-2815373

Date

Daytime Phone #

0059568

CR2E037 (11/98)