## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1998		TIEST OF		ry of State CORPORATIONS		Secreta	ary c	)1 2	tate
DOCU 1. Corporatio			5927	(4)						
PINER	IDGE IV (	owners A	ASSOCIATION,	INC.			F 180114 19011 G1801 01110 10110 1101	: 400) GIAII BIAII	Albii Albii Bi	AN PIGN (GA)
Principal Plac	e of Busines	SS	M	ailing Address			) 1001) 1100) 1100) 91100 1100) 1	1001 BIOIL BIOIL	1104  WIYII #1	9(1 \$1611   GBI
9316 S.W. 53R				X 147050-147			3. Date Incorporated or Qualified	 	··········	
<b>Gaines</b> ville f   US	FL 32606		GA US	INESVILLE FL 32614-70	50	j	02/13/1979			
							4. FEI Number 59-1891844		<del></del>	plied For ot Applicable
2. Principal P	lace of Busi	ness	2a.	Mailing Address					\$8.75	
21			26		<del>_</del>		Certificate of Status Desired		Fee Re	
Sulte, Apt.	#, <b>€t</b> C.		27	Suite, Apt. #, etc.			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	П	\$5.00 ( Added to	
City & Stat	le	<del></del>	[27]	City & State			7. Is this nonprofit corporation a l			
23		<del></del> .	28		·			Yes 🗆	No	
Zip		Country 25	29	Zip	Country 30		<ol> <li>This corporation owes or has p Personal Property Tax due Jun</li> </ol>	_		angible ] No
	9. Name		of Current Regis	tered Agent	1301		10. Name and Address of New R			
					81 Name	FR	PICKET	- T		
DAUGHERTY, MARJORIE					62 Street		(D O D \$1	eble) St	0 1	17
9316 S.W. ₹3RD LANE GAINESVILLE FL 32608					83	0/0			<u> </u>	
					84 City	•	4 1 1 4 Co. 1 1 1 4 2 5 1 4	ASTER		
					G	AIN	ESUILLE	<u>FL</u>	85 Zip 52	606
office or r	to the provis registered ac	sions of Section gent, or both, i	ns 617.0502 and 6 n the State of Florid	17.1508, Florida Statut da. Such change was :	es, the above-named authorized by the cor	d corpor	ration submits this statement for the n's board of directors. I hereby according	purpose of c	changing it intment as	s registered i
l a∩antia	am temiliar wi							ob. and abbe	· · · · · · · · · · · · · · · · · · ·	rogiotorea
	1,12	III and accep	of the obligations of	, Section 617.0503, Fl	orida Statutes.			5-11	-98	rogiotarea
SIGNATURE	JUH	d or printed name of	registered agent and title	If applicable (NOT	E: Registered Agent signature		when reinstating)	5 - //	-95	
SIGNATURE	Signature, types	d or printed name of	EW)	If applicable (NOT	E: Registered Agent signature			DATE	- 93 DIRECTOR	S IN 12
SIGNATURE .  12. TITLE	Signature, types	d or printed name of OFF	registered agent and title	If applicable (NOT	E: Registered Agent signature		when reinstating)	DATE	-95	
SIGNATURE	DP PICKET	der printed name of OFF	registered agent and title	If applicable (NOT	E: Registered Agent signature 13. 1.1 TITLE	e required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	S IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DP PICKET P.O. BO NEWBE	of Frank  T, FRANK  DX 971	registered agent and title	If applicable (NOT CTORS	E: Registered Agent signature 13. 1.1 TITLE 1.2 NAME	e required	when reinstating)	DATE ICERS AND I  Ste 19 326	DIRECTOR Change	S IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DP PICKET P.O. BO NEWBE VPD	OFF T, FRANK DX 971 FRRY FL	registered agent and title	If applicable (NOT	E: Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	e required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND I  Ste 19 326	DIRECTOR	S IN 12
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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.

C-11-911

Jul 02 1998 8:00am