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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745927** (4)

1. Corporation Name

**PINERIDGE IV OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**9316 S.W. 53RD LANE  
GAINESVILLE FL 32608  
US**

**BOX 147050-147  
GAINESVILLE FL 32614-7050  
US**

3. Date Incorporated or Qualified

**02/13/1979**

4. FEI Number

**59-1891844**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAUGHERTY, MARJORIE  
9316 S.W. 53RD LANE  
GAINESVILLE FL 32608**

81 Name **FRANK PICKETT**

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

**4300 NW 23 Ave Ste 147**

83 **C/O PINERIDGE MASTER ASSOC**

84 City **GAINESVILLE** FL 85 Zip Code **32606**

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

*W. P. Pickett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-11-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>PICKETT, FRANK</b>	
STREET ADDRESS	<b>P.O. BOX 971</b>	
CITY-ST-ZIP	<b>NEWBERRY FL</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4300 NW 23 Ave Ste 147</b>
1.4 CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>PATTERSON, JAMES</b>	
STREET ADDRESS	<b>8901 N.W. 97TH ST.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>STROSNIDER, KAREN</b>	
STREET ADDRESS	<b>10713 N.W. 59TH TERR.</b>	
CITY-ST-ZIP	<b>GAINESVILLE F</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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

*W. P. Pickett*

**5-11-98**

CR2E037 (10/97)