


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 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 # 757414 (8)**

1. Corporation Name  
**PINE TERRACE IMPROVEMENT CLUB, INC.**

Principal Place of Business <b>2900 E LAKE HARTRIDGE                  WINTER HAVEN FL 33881-1934</b>	Mailing Address <b>2900 E LAKE HARTRIDGE                  WINTER HAVEN FL 33881-1934</b>
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3. Date Incorporated or Qualified <b>04/03/1981</b>	
4. FEI Number <b>59-2081549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>2930 E. Lk. Hartridge Dr.</b>
22 City & State	27 <b>Winter Haven, FL.</b>
23 Zip	28 <b>33881</b>
24 Country	29 <b>USA</b>

9. Name and Address of Current Registered Agent

**BARNES, JEFF**  
**2930 LAKE HARTRIDGE DR. EAST**  
**WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	<b>FL</b>
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 Jeff Barnes *Jeff Barnes* DATE **4-7-98**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNES, JEFF</b>	
STREET ADDRESS	<b>2930 LK HARTRIDGE DR EAST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHEMMER, GARY</b>	
STREET ADDRESS	<b>2900 LK HARTRIDGE DR EAST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OSTRANDER, HALLIE</b>	
STREET ADDRESS	<b>1012 INMAN TERRACE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHEMMER, BETSEY</b>	
STREET ADDRESS	<b>2900 LAKE HARTRIDGE DR., EAST</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33381</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCMICHAEL, ANTHONY</b>	
STREET ADDRESS	<b>1018 INMAN TERRACE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGGIN, MELBA</b>	
STREET ADDRESS	<b>1018 INMAN TERR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Barres, Jeff</b>	
1.3 STREET ADDRESS	<b>2930 Lk. Hartridge Dr. East</b>	
1.4 CITY-ST-ZIP	<b>Winter Haven, FL. 33881</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Secretary / Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Cindy Barres</b>	
3.3 STREET ADDRESS	<b>2930 Lk. Hartridge Dr. East</b>	
3.4 CITY-ST-ZIP	<b>Winter Haven, FL. 33881</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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: Jeff Barnes *Jeff Barnes* DATE **4-7-98** **941-293-5099**

CP2E037 (10/97)