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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757414

1. Corporation Name
PINE TERRACE IMPROVEMENT CLUB, INC.

Principal Place of Business 2900 E LAKE HARTRIDGE WINTER HAVEN FL 33881-1934	Mailing Address 2930 E LK HARTRIDGE DR WINTER HAVEN FL 33881 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2081549
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

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 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 BARNES, JEFF		1.2 NAME	
STREET ADDRESS 2930 LK HARTRIDGE DR EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEMMER, GARY		2.2 NAME	
STREET ADDRESS 2900 LK HARTRIDGE DR EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNES, CINDY		3.2 NAME	
STREET ADDRESS 2930 LK HARTRIDGE DR E		3.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 33881		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEMMER, BETSEY		4.2 NAME	
STREET ADDRESS 2900 LAKE HARTRIDGE DR., EAST		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL 33881		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROGGIN, MELBA		5.2 NAME	
STREET ADDRESS 1016 INMAN TERR		5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jeff Barnes Katherine Harris Jeff Barnes Date: 3-2-99 Daytime Phone #: 941-293-5099

CR2E037 (1/98)