


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # H47296 (9)
1. Corporation Name
PINE SHORES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business 6450 S. TAMiami TR. SUITE 726 SARASOTA FL 34231 US	Mailing Address SUITE 726 LOT #740 SARASOTA FL 34231 US
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1985	4. FEI Number 59-2652332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent

MARTIN, LORETTA
6450 SO TAMiami TRAIL
LOT 726
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GAGNER, RAY	
STREET ADDRESS	LOT 921 - PINE SHORES	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, FRED	
STREET ADDRESS	LOT 928 - PINE SHORES	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARTIN, LORETTA	
STREET ADDRESS	PINE SHORES, #726	
CITY-ST-ZIP	SARASOTA FL	
TITLE	BAD	<input type="checkbox"/> DELETE
NAME	TYREE, DINAH	
STREET ADDRESS	LOT 112 PINE SHORES	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, WALTER	
STREET ADDRESS	LOT 608 PINE SHORES	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCES MEIEROTTO	
STREET ADDRESS	LOT 1010 - PINE SHORES	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEAN ALLEN	
1.3 STREET ADDRESS	LOT 117 PINE SHORES	
1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harold Kretzschmer	
2.3 STREET ADDRESS	LOT 109 PINE SHORES	
2.4 CITY-ST-ZIP	SARASOTA, Fla 34231	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

2-19-1998

CP2E034 (10/97)