

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

**FILED**

**May 06 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
---	---	---

**DOCUMENT # N11988 (5)**  
1. Corporation Name  
**PINES PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
16956-1 MCGREGOR BLVD. PINES PLAZA FT. MYERS FL 33908 US		16956-1 MCGREGOR BLVD. PINES PLAZA FT. MYERS FL 33908	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**11/08/1985**

4. FEI Number  
**59-2651892**

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**THOMPSON, JEFFREY G  
16956 1 MCGREGOR BLVD.  
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name **MARLOW MILLER, II**

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

83 **16956-McGregor Blvd.**

84 City **Fort Myers** **FL** 85 Zip Code **33908**

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: *Marlow Miller II*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, JUDITH L</b>	1.2 NAME	<b>MILLER, II. MARLOW</b>
STREET ADDRESS	<b>16956 1 MCGREGOR BLVD</b>	1.3 STREET ADDRESS	<b>16956-1 McGregor Blvd.</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33908</b>
TITLE	PST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, JEFFREY G</b>	2.2 NAME	<b>MILLER, III. MARLOW</b>
STREET ADDRESS	<b>16956 1 MCGREGOR BLVD</b>	2.3 STREET ADDRESS	<b>16956-1 McGregor Blvd.</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33908</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUGHER, DENIS L.</b>	3.2 NAME	<b>BAUGHER, DENNIS L.</b>
STREET ADDRESS	<b>16956-1 MCGREGOR BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *W. L. ...* **President** **4-23-98** **941-471-1222**

CR2E037 (10/97)