


FILE NOW: FILING FEE IS \$61.25

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90024 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N20313		
1. Corporation Name PEACE RIVER VILLAGERS ASSOCIATION, INC.		
Principal Place of Business % GEORGE RADFORD 2405 E. HWY 60 LOT 78 BARTOW FL 33830 US	Mailing Address % GEORGE RADFORD 2405 E. HWY 60 LOT 78 BARTOW FL 33830 US	



2. Principal Place of Business 21 % Ellen Sammons Suite, Apt. #, etc. 22 2405 Hwy 60 E. # 77 City & State 23 BARTOW, FL. Zip Country 24 33830 25 Polk	2a. Mailing Address 26 % Ellen Sammons Suite, Apt. #, etc. 27 2405 Hwy 60 E. # 77 City & State 28 BARTOW, FL. Zip Country 29 33830 30 Polk	3. Date Incorporated or Qualified 04/23/1987 4. FEI Number 59-2796391 Applied For 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
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9. Name and Address of Current Registered Agent RADFORD, GEORGE 2405 E. HWY 60 LOT 78 BARTOW FL 33830	10. Name and Address of New Registered Agent 81 Name Beverly Price 82 Street Address (P.O. Box Number is Not Acceptable) 2405 Hwy 60 E. # 11 83 # 11 84 City BARTOW FL 85 Zip Code 33830
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME RADFORD, GEORGE STREET ADDRESS 2405 HWY 60 E. LOT 78 CITY-ST-ZIP BARTOW FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Beverly Price 1.3 STREET ADDRESS 2405 Hwy 60 E. # 11 1.4 CITY-ST-ZIP BARTOW, FL. 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HALL, SHERRY STREET ADDRESS 2405 E HWY 60, LOT 83 CITY-ST-ZIP BARTOW FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME DONNA Schaffer 2.3 STREET ADDRESS 2405 Hwy 60 E. # 46 2.4 CITY-ST-ZIP BARTOW, FL. 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME HILE, FRANK STREET ADDRESS 2405 E HWY 60 LOT 29 CITY-ST-ZIP BARTOW FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Eiken Sammons STD 3.2 NAME 2405 Hwy 60 E. # 77 3.3 STREET ADDRESS BARTOW, FL. 33830 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LEVERE, RUBY STREET ADDRESS 2405 3 HWY 60 LOT 22 CITY-ST-ZIP BARTOW FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME VICKERS, ANN STREET ADDRESS 2405 E. HWY 60, LOT 9 CITY-ST-ZIP BARTOW FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Beverly Price SIGNATURE REQUIRED Beverly Price/President 3/30/99 941-533-3549
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/99