


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31009 (6)
 1. Corporation Name
PINE RANCH EAST OWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
328 PINE RANCH TRAIL OSPREY FL 34229 US		P.O. BOX 1021 OSPREY FL 34229 US	
21	296 Pine Ranch Tr	26	
22	Osprey FL	27	
23	34229 USA	28	
24		29	
25		30	

3. Date Incorporated or Qualified	03/06/1989
4. FEI Number	65-0106383
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
7. Is this nonprofit corporation a homeowners association?	<input 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent

SANZONE, PHIL
 328 PINE RANCH TRAIL
 OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name: **Renee M. LeBlanc**
 82 Street Address (P.O. Box Number is Not Acceptable): **368 Pine Ranch EAST Road**
 83
 84 City: **Osprey** FL 85 Zip Code: **34229**

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: *Renee M. LeBlanc* DATE: **1/7/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANZONE, PHIL	1.2 NAME	SANZONE, PHIL
STREET ADDRESS	328 PINE RANCH TRAIL	1.3 STREET ADDRESS	328 PINE RANCH TRAIL
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, CATHI	2.2 NAME	JIM FREDERICK
STREET ADDRESS	376 PINE RANCH TRAIL	2.3 STREET ADDRESS	296 PINE RANCH TRAIL
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	OSPREY, FL 34229
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Renee LeBlanc, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK, DEBORAH	3.2 NAME	368 Pine Ranch E. Rd
STREET ADDRESS	296 PINE RANCH TRAIL	3.3 STREET ADDRESS	Osprey FL 34229
CITY-ST-ZIP	OSPREY FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACHER, AUSTIN	4.2 NAME	James Rolfe
STREET ADDRESS	423 PINE RANCH TRAIL	4.3 STREET ADDRESS	280 Pine Ranch Tr.
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	Osprey FL 34229
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	David Davis, Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEMBA, ROSALIND	5.2 NAME	312 Pine Ranch Tr.
STREET ADDRESS	357 PINE RANCH TRAIL	5.3 STREET ADDRESS	Osprey FL 34229
CITY-ST-ZIP	OSPREY 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.

SIGNATURE: *Renee M. LeBlanc* DATE: **1/7/98** 941-924-7390

CRE037 (10/97)