FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

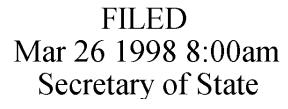
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

PINE ISLAND HOMEOWNERS ASSOCIATION OF OKEECHOBEE . INC.





Principal Place of Business Mailing Address				F LODALIGI DEF DIBUD AFFOLDIDI DAFI DIBU DIBU DIBU DIBU DIBU DIBU DIBU DIB		
8000 HWY 70 EAST OKEECHOBEE FL \$4972		8000 HWY 70 EAST OKEECHOBEE FL 34972				3. Date Incorporated or Qualified 06/17/1991
						4. FEI Number Applied For
						65-0281431 Not Applicable
2. Principal P	lace of Business	26. Mailing Address	2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27	27			Trust Fund Contribution
City & State		City & State	City & State			7. Is this nonprofit corporation a homeowners association? X Yes \text{No} No
ZIP	Country Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔀 No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
CARSON, DONALD W.				82	Street A	ddress (P.O. Box Number is Not Acceptable)
316 ROYAL POINCIANA PLAZA				Suger Address (F.O. DOX Multiports Not Acceptable)		duless (1.0. Box Mullipor is Mot Acceptable)
	EACH FL 33480			83		
				84	City	FL 85 Zip Code
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 agont and trille if applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
12.	OFFICERS A	ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1	TITLE		Change Addition
NAME	GOODBREAD, GEORGE A.		1.2	NAME		
STREET ADDRESS	8000 HWY 70 EAST		1.3	STREET	ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		1.40		- 21P	
TITLE	DVS	☐ DELETE	DELETE 2.1 TITLE			Change Addition
NAME	CARSON, DONALD W.		2.2 NAME			
STREET ADDRESS	316 ROYAL POINCIANA PL	AZ	2.3 STREET ADD		ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		2. 4 CITY - ST-		T- ZIP	33480
TITLE	DVT DE		3.1	3.1 TITLE		☐ Change ☐ Addition
NAME	KANAI, DENNIS J.		3.2	NAME		·
STREET ADDRESS	316 ROYAL POINCIANA PL	AZ	3.3	STREET	ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		3.4	I. CITY-S	T-ZIP	33480
TITLE		☐ DELETE	4.1	TITLE		Change TAddiflor
NAME			4.	2 NAME]	
STREET ADDRESS			4.3	STREET.	ADDRESS	
CITY-ST-ZIP			4.4	CITY-S1	-ZIP	
TITLE		☐ DELETE	5.1	TITLE		Change Addition
NAME			5.2	NAME	1	
STREET ADDRESS			5.3	STREET .	ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4	CITY-ST	-ZIP	
TITLE		DELETE	6.1	TITLE		Change Addition
NAME			6.2	NAME		
STREET ADDRESS	•		6.3	STREET .	ADDRESS	
CITY-ST-ZIP			· 6.4	CITY-S1	-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 informatio 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.

2.25 9X 941.763.282X