

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90264 028 \*\*\*\*61.25

DOCUMENT # **N43885**

1. Corporation Name

**PINE ISLAND HOMEOWNERS ASSOCIATION OF OKEECHOBEE  
INC.**

Principal Place of Business

Mailing Address

8000 HWY 70 EAST  
OKEECHOBEE FL 34972

8000 HWY 70 EAST  
OKEECHOBEE FL 34972



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/17/1991

4. FEI Number

65-0281431

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, DONALD W.  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

81 Name **Carson, Donald W.**

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

**340 Royal Poinciana Way**

83 Suite 316

84 City

**Palm Beach**

FL

85 Zip Code  
**33480**

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 **DP** ☐ DELETE  
NAME **GOODBREAD, GEORGE A.**  
STREET ADDRESS **8000 HWY 70 EAST**  
CITY-ST-ZIP **OKEECHOBEE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DVS** ☐ DELETE  
NAME **CARSON, DONALD W.**  
STREET ADDRESS **316 ROYAL POINCIANA PLAZ**  
CITY-ST-ZIP **PALM BEACH FL 33480**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **340 Royal Poinciana Way**  
2.3 STREET ADDRESS **Suite 316 CORRECTION**  
2.4 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **DVT** ☒ DELETE  
NAME **KANAI, DENNIS J.**  
STREET ADDRESS **316 ROYAL POINCIANA PLAZ**  
CITY-ST-ZIP **PALM BEACH FL 33480**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **DVT**  
3.3 STREET ADDRESS **Blomquist, ERIK**  
3.4 CITY-ST-ZIP **340 ROYAL POINCIANA way Suite 316**  
**PALM Bch, FL-33480**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

3/25/99

Date

561-655-6303

Daytime Phone #

CR2E037 (1/98)