

FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43885

1. Corporation Name
PINE ISLAND HOMEOWNERS ASSOCIATION OF OKEECHOBEE, INC.

Principal Place of Business 8000 HWY 70 EAST OKEECHOBEE FL 34972	Mailing Address 8000 HWY 70 EAST OKEECHOBEE FL 34972
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/17/1991	4. FEI Number 65-0281431 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 CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		10. Name and Address of New Registered Agent 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			
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODBREAD, GEORGE A.	1.2 NAME	
STREET ADDRESS	8000 HWY 70 EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DONALD W.	2.2 NAME	340 Royal Poinciana Way
STREET ADDRESS	316 ROYAL POINCIANA PLAZ	2.3 STREET ADDRESS	Suite 316 CORRECTION
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	DVT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANAI, DENNIS J.	3.2 NAME	DVT Blomquist, ERIK
STREET ADDRESS	316 ROYAL POINCIANA PLAZ	3.3 STREET ADDRESS	340 ROYAL POINCIANA way suite 316
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	PALM Bch, FL-33480
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, with all other like empowered.

SIGNATURE: *Donald W. Carson* **Signature Required** Vice President 3/25/99 561-655-6303
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)