

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47132 (8)

1. Corporation Name

PINEVIEW ESTATES PROPERTY OWNERS' ASSOCIATION, I NC.

Principal Place of Business

**208 WEST ALAMO DRIVE
LAKELAND FL 33813**

Mailing Address

**P. O. BOX 5400
LAKELAND FL 33807-5400
US**



3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-3107084

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESPOSITO, BARNIE LEE
208 WEST ALAMO DRIVE
LAKELAND FL 33813**

81 Name
Schelfo, Ronald E.

82 Street Address (P.O. Box Number is Not Acceptable)
5309 Oakway Drive

83

84 City
Lakeland,

FL

85 Zip Code
33805

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

Ronald E. Schelfo

Ronald E. Schelfo

4/26/96

(Signature, typed or printed name of registered agent, or both if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SCHEFFO, RONALD E**
STREET ADDRESS **3661 LAUREL CREST DRIVE**
CITY - ST - ZIP **MULBERRY FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5309 Oakway Drive**
1.4 CITY - ST - ZIP **Lakeland, FL 33805**

TITLE **VD** ☒ DELETE
NAME **LAURELL, THOMAS E**
STREET ADDRESS **3642 LAUREL CREST DRIVE**
CITY - ST - ZIP **MULBERRY FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Newton, Kenneth E.**
2.3 STREET ADDRESS **4100 Laurel Crest Drive**
2.4 CITY - ST - ZIP **Mulberry, FL 33860**

TITLE **S** ☐ DELETE
NAME **CALLAHAN, JUDY S.**
STREET ADDRESS **208 WEST ALAMO DRIVE**
CITY - ST - ZIP **LAKELAND FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Schelfo, Judy S.**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **33813**

TITLE **TD** ☒ DELETE
NAME **WEIGHT, D.J.**
STREET ADDRESS **208 WEST ALAMO DR.**
CITY - ST - ZIP **LAKELAND FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Yamnitz, William R.**
4.3 STREET ADDRESS **4981 Pheasant Drive**
4.4 CITY - ST - ZIP **Mulberry, FL 33813**

TITLE **TD** ☒ DELETE
NAME **ESPOSITO, BARNIE L.**
STREET ADDRESS **208 WEST ALAMO DR.**
CITY - ST - ZIP **LAKELAND FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Chancey, Rita L.**
5.3 STREET ADDRESS **4150 Sabel Palm Drive**
5.4 CITY - ST - ZIP **Mulberry, FL 33860**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Judy S. Schelfo
Judy S. Schelfo, Secretary

ED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-647-5554

Date

Daytime Phone #

CR2E037 (12/95)