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Aug 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N47132 (8)

1. Corporation Name

PINEVIEW ESTATES PROPERTY OWNERS' ASSOCIATION, I
NC.

Principal Place of Business

413 S. Florida Ave.
Lakeland, FL 33801

Mailing Address

PO Box 2621
Eaton Park FL 33840-2621
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
05/01/1996

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

Walters, William J.
4961 Pheasant Dr.
Mulberry, FL 33860

10. Name and Address of New Registered Agent

81 Name

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

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SCHELFO, RONALD E
STREET ADDRESS 5309 OAKWAY DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE VD ☒ DELETE
NAME NEWTON, KENNETH E
STREET ADDRESS 4100 LAUREL CREST DRIVE
CITY-ST-ZIP MULBERRY FL

TITLE STD ☒ DELETE
NAME SCHELFO, JUDY S
STREET ADDRESS 208 WEST ALAMO DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE O ☐ DELETE
NAME YAMNITZ, WILLIAM R
STREET ADDRESS 4981 PHEASANT DRIVE
CITY-ST-ZIP MULBERRY FL

TITLE O ☒ DELETE
NAME CHANCEY, RITA L
STREET ADDRESS 4150 SABEL PALM DRIVE
CITY-ST-ZIP MULBERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Walters, William J., President ☒ Change- ☐ Addition
1.2 NAME 4961 Pheasant Dr.
1.3 STREET ADDRESS Mulberry, FL 33860
1.4 CITY-ST-ZIP

2.1 TITLE Chancey, Rita L., Vice President ☒ Change ☐ Addition
2.2 NAME 4150 Sabel Palm Drive
2.3 STREET ADDRESS Mulberry, FL 33860
2.4 CITY-ST-ZIP

3.1 TITLE Stevens, Norma, Secretary ☒ Change ☐ Addition
3.2 NAME 4261 Laurel Crest Dr.
3.3 STREET ADDRESS Mulberry, FL 33860
3.4 CITY-ST-ZIP

4.1 TITLE Howard, Steve, Director ☐ Change ☒ Addition
4.2 NAME 3992 Laurel Crest Dr.
4.3 STREET ADDRESS Mulberry, FL 33860
4.4 CITY-ST-ZIP

5.1 TITLE Harrison, Mike Director ☐ Change ☒ Addition
5.2 NAME 4251 Laurel Crest Dr.
5.3 STREET ADDRESS Mulberry, FL 33860
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 100002266991
6.3 STREET ADDRESS -08/14/97--01040--036
6.4 CITY-ST-ZIP ***61.25

14. I do 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 [Signature] 7/25/97 475-1893

CR2E037 (9/96)