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NONPROFIT. CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

PINEVIEW ESTATES PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

Mailing Address

PO Box 2621

Eaton Park FL 33840-2621

Aug 12 1997 8:00am

Secretary of State

2. Principal Place of Business 2. Analysing Address 3. Date of Last Report CD(1/1996 C	413 8.	Florida Ave.	US						
Sulfa, Apt. #, efc. 26	rake19	and, FL 33801	00						
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	<u> </u>	Place of Business					 		
City & State	21					39-3 107004		<u> </u>	
City & State City Country Report	Suite, Ap	t. #, etc.	— <u> </u>			5. Certificate of Status Desired			
20 20 20 30 30 50 50 50 50 50 5		ate				& Flaction Compaign Financing			
Zip Country Zip Country 8. This corporation has inability for imangible tax under s. 199 032 Florid Statutes Florid Statutes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address 10	23		├ ¬ '			, , ,			
Walters, William J. 4961 Pheasant Dr. Mulberry, FL 33860 84 City FL SS Zip Code 11. Fursuant to the provisions of Sections 617,0502 and 617,1508, Foords Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agent. I am familial fifth first decept the higher of Septiations of Sept		Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. 19	99.032	
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4961 Pheasant Dr. Mulberry, FL 33860 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 lits registered office or segletered agent or both, in the State of Florida. Such obtaining was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or segletered agent or both, in the State of Florida. Such obtaining was authorized by the corporation's board of directors. I hereby accept the appointment as registered signature trapelled when reindisticip. 12. OFFI/ERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11.1 MILE. PD. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFI/ERS AND DIRECTORS IN 12. 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 53.09 OAKWAY DRIVE 13. STREET ADDRESS 14. CITY-ST-2IP 14. TITLE 53.09 OAKWAY DRIVE 14. TITLE 53.09 OAKWAY DRIVE 15. TITLE 15. TITLE 15. TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TITLE 19. DATE 19. D	· I			81 1	Name				
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6.4 CITY - ST - ZIP 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.