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FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47132** (8)

1. Corporation Name

**PINEVIEW ESTATES PROPERTY OWNERS' ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**413 S. FLORIDA AVE.
LAKELAND FL 33801**

**P. O. BOX 2621
EATON PARK FL 33840-2621
US**



3. Date Incorporated or Qualified

02/03/1992

4. FEI Number

59-3107084

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5309 Oakway Dr.

26 P.O. Box 90424

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lakeland, FL

28 Lakeland, FL

Zip

Zip

24 33805

29 33804-0424

30 Polk

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, WILLIAM J
4961 PHEASANT DR.
MULBERRY FL 33860**

81 Name

Ron Schelfo

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

5309 Oakway Dr.

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

Ron Schelfo

Ron Schelfo

4/28/98

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 **P** ☒ DELETE

NAME **WALTERS, WILLIAM J**
STREET ADDRESS **4961 PHEASANT DR.**
CITY-ST-ZIP **MULBERRY FL 33860**

1.1 TITLE **P - D** ☐ Change ☒ Addition

1.2 NAME **Ron Schelfo**
1.3 STREET ADDRESS **5309 Oakway Dr.**
1.4 CITY-ST-ZIP **Lakeland, FL 33805**

TITLE **VP** ☐ DELETE

NAME **CHANCEY, RITA L**
STREET ADDRESS **4150 SABEL PALM DRIVE**
CITY-ST-ZIP **MULBERRY FL 33860**

2.1 TITLE **S/T - D** ☐ Change ☒ Addition

2.2 NAME **Diandria Mason**
2.3 STREET ADDRESS **4250 Laurel Crest Ct.**
2.4 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **S** ☒ DELETE

NAME **STEVENS, NORMA**
STREET ADDRESS **4261 LAUREL CREST DR.**
CITY-ST-ZIP **MULBERRY FL 33860**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **John Cox**
3.3 STREET ADDRESS **3881 Laurel Crest Dr.**
3.4 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **D** ☒ DELETE

NAME **YAMINTZ, WILLIAM R**
STREET ADDRESS **4961 PHEASANT DRIVE**
CITY-ST-ZIP **MULBERRY FL**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Jim Strickland**
4.3 STREET ADDRESS **3735 Twilight Dr.**
4.4 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **D** ☐ DELETE

NAME **HOWARD, STEVE**
STREET ADDRESS **3992 LAUREL CREST DR.**
CITY-ST-ZIP **MULBERRY FL 33860**

5.1 TITLE **Mulberry, FL 33860** ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **HARRISON, MIKE**
STREET ADDRESS **4251 LAUREL CREST DR.**
CITY-ST-ZIP **MULBERRY FL 33860**

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.

SIGNATURE:

Ron Schelfo **Ron Schelfo**

4/28/98

941-683-0406

CFR2037 (1097)