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**Apr 16, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47132**

1. Corporation Name

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

Principal Place of Business

Mailing Address

5309 OAKWAY DR  
 LAKELAND FL 33805  
 US

P O BOX 90424  
 LAKELAND FL 33804-0424  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/03/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3107084	
24 Country		29 Country		30 Country	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**SCHELFO, RON**  
**5309 OAKWAY DR**  
**LAKELAND FL 33805**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SCHELFO, RON	1.2 NAME	Mason, Dianelria
STREET ADDRESS	5309 OAKWAY DR	1.3 STREET ADDRESS	4250 Laurel Crest Ct
CITY-ST-ZIP	LAKELAND FL 33805	1.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	STD	2.1 TITLE	VPD
NAME	MASON, DIANDRIA	2.2 NAME	STRICKLAND, SUZETTE
STREET ADDRESS	4250 LAUREL CREST CT	2.3 STREET ADDRESS	3735 TWILIGHT DR
CITY-ST-ZIP	MULBERRY FL 33860	2.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	D	3.1 TITLE	STD
NAME	COX, JOHN	3.2 NAME	COX, JOHN
STREET ADDRESS	3881 LAUREL CREST DR	3.3 STREET ADDRESS	3881 Laurel Crest Dr
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	D	4.1 TITLE	D
NAME	STRICKLAND, JIM	4.2 NAME	BYRD ALLEN
STREET ADDRESS	3735 TWILIGHT DR	4.3 STREET ADDRESS	4741 Pheasant Dr
CITY-ST-ZIP	MULBERRY FL 33860	4.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	D	5.1 TITLE	D
NAME	HOWARD, STEVE	5.2 NAME	DAVIS, Linda
STREET ADDRESS	3992 LAUREL CREST DR.	5.3 STREET ADDRESS	4120 Laurel Crest Dr
CITY-ST-ZIP	MULBERRY FL 33860	5.4 CITY-ST-ZIP	Mulberry FL 33860
TITLE	D	6.1 TITLE	
NAME	HARRISON, MIKE	6.2 NAME	
STREET ADDRESS	4251 LAUREL CREST DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	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:

**SIGNATURE REQUIRED**

3-10-99

(414) 425-1271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)