2[redacted] UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 22, 2000 8:00 am
Secretary of State
05-09-2000 90035 004 ****61.25

DOCUMENT # N47132

1. Entity Name

PINEVIEW ESTATES PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business	Mailing Address
~~5309 OAKWAY DR~~ ~~LAKELAND FL 33805~~ ~~US~~ 4250 Laurel Crest Ct Mulberry FL 33860	~~P.O. BOX 98424~~ ~~LAKELAND FL 33804-0424~~ P.O. Box 7565 Lakeland, FL 33807-7565

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4250 Laurel Crest Ct	P.O. Box 7565
Suite, Apt. #, etc.: Mulberry Fl	Suite, Apt. #, etc.
City & State	City & State: Lakeland Fl.
Zip: 33860 Country: US.	Zip: 33807-7565 Country: US.

4. FEI Number: 59-3107084 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHELFO, RON 5309 OAKWAY DR LAKELAND FL 33805	Name: Dianelria Mason Street Address (P.O. Box Number is Not Acceptable): 4250 Laurel Crest Ct. City: Mulberry FL Zip Code: 33860

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Diandria M. Mason DATE: 8/2/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MASON, DIANELRIA 4250 LAUREL CREST CT MULBERRY FL 33860	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MASON, DIANDRIA 4250 LAUREL CREST CT MULBERRY FL 33860	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COX, JOHN 3881 LAUREL CREST DR MULBERRY FL 33860	☐ Delete	IS JUST A DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STRICKLAND, SUZETTE 3735 TWILIGHT DR MULBERRY FL 33860	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, BYRD 4741 PHEASANT DR MULBERRY FL 33860	☐ Delete	ED Reehead 4001 Laurel Crest DR Mulberry Fl 33860	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, LINDA 4120 LAUREL CREST DR MULBERRY FL 33860	☐ Delete	Sec/Tres	☒ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diandria M. Mason 4-10-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #