

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48451** (1)
1. Corporation Name
PINE ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 900 WEST HIGHWAY 50 CLERMONT FL 34711	Mailing Address 900 WEST HIGHWAY 50 CLERMONT FL 34711-2142
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2. Principal Place of Business 21 7403 Lake Emma Rd. Suite, Apt. #, etc. 22 City & State 23 Groveland, FL Zip Country 24 34736 25 95A		2a. Mailing Address 26 7403 Lake Emma Rd. Suite, Apt. #, etc. 27 City & State 28 Groveland, FL Zip Country 29 34736 30 95A		3. Date Incorporated or Qualified 04/21/1992	3a. Date of Last Report 04/16/1996
		4. FEI Number 59-3270075		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BENZEL, DAVID 7403 LAKE EMMA RD GROVELAND FL 34736		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	
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZEL, DAVID	1.2 NAME	
STREET ADDRESS	7403 LAKE EMMA RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, ROBERT	2.2 NAME	
STREET ADDRESS	1309 ELIZABETH	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZEL, CYNTHIA	3.2 NAME	
STREET ADDRESS	7403 LAKE EMMA RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34836	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **David Benzel** **DAVID BENZEL** 3/15/97 (352) 429-5209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089561

CR2E037 (9/96)