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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÉ

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000002533

1. Corporation Name

PINE ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1848 NW TREASURE POINT STUART FL 34994

1848 NW TREASURE POINT STUART FL 34994

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90016 025 ****61.25

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Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State Zip Country Country Country Country Suite, Apt. #, etc. 4. FEI Number 65-0475140 Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required \$5.00 May Be	2. Principal Pl	ace of Business	2a.	Mailing Address	-			7	Date Incorporated or Qual	ifed		
City & State City &	21		26									
City & State 28 City & State 29 Country 6. Election Campaign Financing \$5.00 May Be Actived to Fees 41 City & State 42 City & State 42 City & State 43 City & State 44 City &	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	_			4			 	
28 Country Zip Country Zip Country Zip Country Country Zip Country Zip Country Zip Country S. 5. Certification Campaign Financing S. 5.00 May B Added to Fees S. Name and Address of Current Registered Agent Since Address of Current Registered Agen	22		27						65-0475140			
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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 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, and accept the orbigations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, I your or proted many or registered agent and accept the orbigations of, Section 617.0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WAWE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAWE MAUS, DIANA STREET ADDRESS 13. THIRE 13. THIRE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P 15. THIRE PD 15. THIRE PD 16. Change Addition 16. ACTY-ST-2P TITLE D CRASIA, JOY STUART FL. 34994 16. CHANGES 17. STATE ADDRESS 18. NW TREASURE POINT STUART FL. 34994 16. CHANGES 17. STATE ADDRESS 18. NW TREASURE POINT STUART FL. 34994 17. CHANGES 18. NW TREASURE POINT STUART FL. 34994 18. NW TREASURE POINT STUART FL. 34994 19. ELETE 19. THIRE 10. CHANGE 11. THE 12. CHANGE 13. THE 14. CITY-ST-2P 15. THE 15. THE 15. THE 16. TH					8	31	Name					-
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Firida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Firida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Firida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent are firidal. Statutes. ISGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 875 HILL ROOST RD 13. STREET ADDRESS 14. GTV 51.2P 171LE 171L					8	33						
17. 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 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, 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 and their agenciate. SIGNATURE Signature, typed or private name of registered agent agent and their agenciate. (NOTE: Registered Agent signature register registered agent agent. I am a province of registered agent agen	STUART	L 04354			-						as Zin C	
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Signature Signature Signature Novel or printed name of registered agent and the if applicable (NOTE Registered Agent algorithm required when remaintaing) DATE	office or r	egistered agent, or both, in the State of	f Flori	da. Such change was auti	norizea c	oy tn	ne corporati	ation's	board of directors. I hereby a	sccept the ap	pointment as reg	istered
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14. 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 URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR