FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N94000002146 (8)

PINE LAKE ESTATES PROPERTY OWNERS ASSOCIATION OF MILTON, INC.

Principal Place of Business Mailing Address 7475 PINE LAKE DRIVE 7475 PINE LAKE DRIVE 3. Date Incorporated or Qualified MILTON FL 32570 MILTON FL 32570 03/05/1994 4. FEI Number Applied For 59-3244304 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a horseowners association? 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name ROBINSON, SONYA Street Address (P.O. Box Number is Not Acceptable) 7475 PINE LAKE DRIVE 83 MILTON FL 32570 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change ___ Addition TITLE PRESIDENT NAME ROBINSON, SONYA 1.2 NAME Songo Robinson, 7475 Dine Lake Dr. Trillon, SP. 32570 7475 PINE LAKE DRIVE 1.3 STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE PRESIBENT ___ Addition TITLE 2.1 TITLE FLEGHER, LOIS atricia Nelson NAME 2.2 NAME 112 PINE LAKE DRIVE 2.3 STREET ADDRESS STREET ADDRESS 213 Silver Oak Dr MILTON FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ✓ Change Addition TITLE 3.1 TITLE SECRETARY TREASURER GWENETH COLLINS 7524 PINE LAKE DRIVE ALDERMAN, CONNIE NAME 3.2 NAME STREET ADDRESS 7457 PINE LAKE DR. 3.3 STREET ADDRESS MILTON FLORIDA 32570 **MILTON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 62 NAME STREET ADDRESS **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: <

CITY-ST-ZIP

(Ca)-

626-0225

FILED

Mar 16 1998 8:00am

Secretary of State