FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

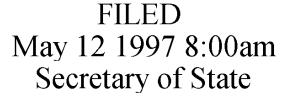
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N9400005411 (3)

PIER ONE CENTER PROPERTY OWNER'S ASSOCIATION, IN





Principal Place of Business Mailing Address						e emdinites find sarits defin ditter das	ir wathi Wahii a	nini asibi albat	SIMMI SIMI IMMI
2412 LOST BAI SEBRING FL 3		2412 LOST BALL DR SEBRING FL 33872-3852							
SEQUING IL 3	30/2	OCDINO FL MOTEMOSE				9. Data languagetted on Occiding	100	ata al l and D	
						3. Date incorporated or Qualified 10/31/1994	38. 0	ate of Last R 06/20/19	96
2. Principal P	Place of Business	2a. Mailing Address 26	¬ `			4. FEI Number NOT APPLICABLE	nber Applied For Not Applied For Not Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & Stat	City & State	State			6. Election Campaign Financing		\$5.00 May Be		
23		28	-m			Trust Fund Contribution			
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Curre		30		***************************************	Florida Statutes 10. Name and Address of New F	****	No.	
	y. Halle and Addiess of Core	aur undierenen währt		B1	Name	IV. Name and Address of New F	ia Aistat an	Maiir	
United to	IOHOE I MEMBELI		L						
	iouse, J. Wendell Commerce ave		82 Street Addre			ress (P.O. Box Number is Not Accept	able)		
SEBRING FL 33870				83	•				
				84	City			85 Zip	Code
					•	poration submits this statement for the tion's board of directors. I hereby acc	FL	. `	
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	: Registered	Agen	t signatura requ	fred when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND		
TITLE	FTD	DELETE	-	1.1 TITLE		ADDITIONO/OFFICE TO OFF	TOLINO / IN	☐ Change	Addition
NAME	SPEAKS, ESTHER		1.2 NA	ME		•			
STREET ADDRESS	2412 LOST BALL DR		1.3 STF	REET A	DDRESS		•		
CITY - ST - ZIP	SEBRING FL 33872	☐ DELETE	1.4 CIT 2.1 TIT		ZIP			Change	Additio
TITLE NAME	BASSETTI, DENNIS			ME				LI Change	L Addition
STREET ADDRESS	6801 US 27TH N				DDRESS				
CITY-ST-ZIP	SEBRING FL 33870				-ZIP				
TITLE	D	DELETE						☐ Change	Addition
NAME	BORGEMEISTER, JOHN		3.2 NA						
STREET ADDRESS	212 BAY BLOSSOM DR				DORESS				
CITY-ST-ZIP TITLE	SEBRING FL 33870	DELETE	3.4. CITY 4.1 TITLE		- ZIP			Change	Addition
NAME			4. 2 NA					CI cimile	
STREET ADDRESS			4.3 STF	REET A	ODRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP				
TITLE		DELETE	5.1 TIT	LE				Change	Addition
NAME			5.2 NAI						
STREET ADDRESS					DORESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		- ZIP			Change	Additio
NAME		المال	6.2 NA		1			Sum Statigo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CIT						

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:

IGNATURE AND TYPED OR PRINTED NAME OF BRINING OFFICER OR DIRECTO

5/1/97

Daytime Phone # 0064445