SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61,25 IIF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600005680 (1)

PINES VILLAGE PIONEERS, INC.

Principal Place of Business Mailing Address

FILED
Jul 08 1998 8:00am
Secretary of State

6836 SW 107 PEMBROKE F	th Stre et Pinies fl 33023	6836 SW 10TH STREET PEMBROKE PINES FL 3:	3023		Date Incorporated or Qualified 11/06/1996		
					4. FEI Number		pplied For
		 			65-0706285	<u>IN</u>	ot Applicable
Principal Place of Business		2a. Malling Address			5. Certificate of Status Desired		Additional lequired
Suite, Apt	t. #, etc.	Sulte, Apt. #, etc,			6. Election Campaign Financing	\$5.00	May Be
22		27			Trust Fund Contribution	Added	
City & Ste	ate	City & State		 -	7. Is this nonprofit corporation a homeowners	associatio	n?
23		28			☐ Yes ☐]No	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the curre	ent vear in	tanoible
24	25	29	30		, , , , , , , , , , , , , , , , , , , ,	Yes	No
	9, Name and Address of Cu		1551		10. Name and Address of New Registered A	Agent	
			8	1 Name			
WITOCHY	MOLA GEDALDINE		<u> </u>				···
	/NSKY, GERALDINE		8:	Street Address (P.O. Box Number is Not Acceptable)			
	10TH STREET		8:	•			
PEMBRO	KE PINES FL 33023		6,	'			
)		84	4 City		65 Zip	Code
	<u>*.</u>],	FL		
11. Pursuant	to the provisions of sections 617.05	502 and 617.1508, Florida Statute	s, the above-	named corp	oration submits this statement for the purpose of chan	ıging its reg	istered
Office or I	registered agent, or both, in the Sta	ite of Florida. Such change was a ligations of, section 617.0503, Flo	uthorized by	the corporat	tion's board of directors. I hereby accept the appointment	ment as reg	jistered
anent la							
•	•			•			
agent. I a SIGNATURE	<u> </u>				required when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	IOTE: Registered		required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (N	IOTE: Registered	Agent signature i	ADDITIONS/CHANGES TO OFFICERS AN		
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indicated on this annual report or supplied with this minual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trustee ampowered 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:

ENITOSHYNSKY JULISAUS NA SANDA ORDINA ORDINA

7-1-98

(954) 983-6814

Daylims Phor