

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF 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

FILED
Jul 08 1998 8:00am
Secretary of State

DOCUMENT # N96000005680 (1)

1. Corporation Name

PINES VILLAGE PIONEERS, INC.



Principal Place of Business

Mailing Address

6836 SW 10TH STREET
PEMBROKE PINES FL 33023

6836 SW 10TH STREET
PEMBROKE PINES FL 33023

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

65-0706285

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITOSHYNSKY, GERALDINE
6836 SW 10TH STREET
PEMBROKE PINES FL 33023

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BOEHM, PATRICIA E
STREET ADDRESS 621 SW 64TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33023

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME BOEHM, CHARLES
1.3 STREET ADDRESS 621 S. W. 64TH WAY
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE D ☐ DELETE
NAME VENTURELLA, MARIE
STREET ADDRESS 720 SW 68TH BLVD.
CITY-ST-ZIP PEMBROKE PINES FL 33023

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WITOSHYNSKY, GERALDINE
STREET ADDRESS 6836 SW 10TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33023

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME WELLS, CAROLYN J
STREET ADDRESS 530 SW 69TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33023

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SPITZ, ANNA R
STREET ADDRESS 340 SW 64TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33023

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME VENTURELLA, DOM
STREET ADDRESS 720 SW 68TH BLVD.
CITY-ST-ZIP PEMBROKE PINES FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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.

GERALDINE WITOSHYNSKY
SIGNATURE: *Geraldine Witoszynsky*

7-1-98 (954) 983-6814

Date

Daytime Phone #

CR2E037 (5/98)