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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005697

1. Corporation Name

PINE LAKES INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RANDY BEARD H.P. REID CO INC
1 COMMERCE BLVD
PALM COAST FL 32164

C/O RANDY BEARD H.P. REID CO INC
1 COMMERCE BLVD
PALM COAST FL 32164



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3476521

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

CHIEMENTO, MICHAEL ATTY
4010 KINGS RD NO.
PALM COAST FL 32137

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 617.0903, 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 P/D DELETE

NAME BEARD, RANDY
STREET ADDRESS 1 COMMERCE BLVD
CITY-ST-ZIP PALM COAST FL 32164

1.1 TITLE Change Addition

TITLE V/D DELETE

NAME ELKIN, ROBERT
STREET ADDRESS 1 COMMERCE BLVD
CITY-ST-ZIP PALM COAST FL 32164

1.2 NAME Change Addition

TITLE STD DELETE

NAME RYAN, KENT
STREET ADDRESS 1 COMMERCE BLVD
CITY-ST-ZIP PALM COAST FL 32164

1.3 STREET ADDRESS Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/3/99

904-447-5023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)