


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90022 022 ****61.25

DOCUMENT # N98000000541	
1. Entity Name PINERIDGE FARMS PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 412 NE 16TH AVE GAINESVILLE, FL 32601	Mailing Address 412 NE 16TH AVE GAINESVILLE, FL 32601
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04020129



2. Principal Place of Business P.O. Box 641029 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 641029 Suite, Apt. #, etc.
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01222004 Chg-NP CR2E037 (10/03)

City & State Beverly Hills, FL	City & State Beverly Hills, FL
Zip 34464	Country USA

4. FEI Number 59-3496828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIES, LISA 412 NE 16TH AVE GAINESVILLE, FL 32601 <i>new president: (name & address)</i>	
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7. Name and Address of New Registered Agent Name Harold D. Varvel Street Address (P.O. Box Number is Not Acceptable) 5129 N. Crossgate Pt. City Beverly Hills FL Zip Code 34465	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Harold D. Varvel, Pres** 3-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, LISA 412 NE 16TH AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAROLD D. VAREVEL, Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5129 N. Crossgate Pt Bever Hills FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENKS, ANN 412 NE 16TH AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOAnn myLES, V. Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6850 W. SENTINEL BLUFF PATH BEVERLY HILLS FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDONALD, JANET L 412 NE 16TH AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT Cherry, Sec. & Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6683 W. SENTINEL BLUFF PATH BEVERLY HILLS FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Harold D. Varvel, Pres** 3-17-04 352-746-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc. # N9800000541

54020129

To receive a form by mail:

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

N9800000541

PINERIDGE FARMS PROPERTY OWNERS' ASSOCIATION,
INC.

412 NE 16TH AVE
GAINESVILLE FL 32601-3758

Change of Address

P.O. Box 641029
Beverly Hills, Fl.
34464



CR2E095 10/03