FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed,

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 09 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087620 (9)

PINEWATER PLACE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address 25063 PINEWATER COVE LN 25063 PINEWATER COVE LN **BONITA SPRINGA FL 33923** BONITA SPRINGA FL 33923 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/22/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0524362 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LIEBERFARB, STANLEY J 4001 TAMIAMI TRAIL NORTH 62 Street Address (P.O. Box Number is Not Acceptable) **STE 330** 83 NAPLES FL 33940 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE ĎΡ TITLE 1.2 NAME **SMITH, ANDREW** NAME 25063 PINEWATER COVE LN STREET ADDRESS 1.3 STREET ADDRESS **BONITA SPRINGA FL 33923** 1.4 CITY - ST- ZIP CITY-ST-ZIE Change Addition DELETE ĎVΡ 2.1 TITLE TITLE NAME SMITH, ADAM 2.2 NAME 25063 PINEWATER COVE LN 2.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGA FL 33923** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS**

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report of suppliement at 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 opening that my name appears in

DELETE

Machiment with an address.

28 AALIGA OUI US6306