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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041466 (8)

PINE MEADOWS OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

FILED Feb 13 1998 8:00am Secretary of State



| 207 DUNE CIRCLE NEW SHIYRNA BEACH FL 32169 | | 207 DUNE CIRCLE NEW SMYRNA BEACH FL 32169 | | DO NOT WRITE IN THIS SPACE | |
|---|---|--|---------------------------------|--|--------------------------------|
| ! | | מנים דמר | . Circle | 3. Date Incorporated or Qualified 05/02/1997 | |
| 2. Principal Place of Business | | 2a. Mailing Address | 10.13 | 4. FEI Number | Applied For |
| 21 | | 26 7 · 0 /3 · X /2 N | | | Not Applicable |
| Suite, Apt #, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | Cry & State New Smyrna Bch fl | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζιp | Country | Zip | Canatry N | 8. This corporation owes or has paid the | ············ |
| 24 | 25 | 29 32/69 3 | 10 V 34 | Personal Property Tax due June 30. | Yes No |
| g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHARING FRANK D 81 Name 41 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | |
| GUARINO, FRANK D | | | | William Keyne | 0265 |
| 3 MADERA ROAD DEBARY FL 32713 | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | 00.10 |
| | | | 83 | Men Courns | Beach |
| | | | 84 City | 10 cm 3 mg i na | 85 Zip Code / D |
| 11 Pursuant I | to the prayisions of Sections 607 0502 | 2 and 607 1508. Florida Statutes | the above-named cor | rogation submits this statement for the purpose | se of changing its registered |
| 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 Torida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam furnitial with, and accept the oblight install, Section 607,0505, Porida Statutes. | | | | | |
| SIGNATURE | W 120,001. N | Ko mala | 2 | 8 F010918 | |
| SIGNATURE. | Shipming, Depict or prodest factor of transferred any r | Fairo Offic II application (NOTE | Registered Agent signature requ | ired when reinstating) DA | TE . |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D Gaurino, Frank D | DELFTE | 1.1 TITLE | | Change Addition |
| NAME | 3 MADERA ROAD | | 1.2 NAME | | |
| STREET ADORESS City-St-Zip | DEBARY FL 32713 | | 1.3 STREET ADDRESS | | |
| TITLE | PD | DELETE | 14 CITY-ST-ZIP 21 TITLE | · · · · · · · · · · · · · · · · · · · | Change Addition |
| NAME | LYONS, CHARLES M | \mathcal{F} | 22 NAME | | |
| STREET ADDRESS | 207 DUNE CIRCLE | | 2 3 STREET ADDRESS | * 1 | , |
| CiTY-ST-ZIP | NEW SMYRNA BEACH FL 321 | | 2. 4 CITY-ST-ZIP | 第 | 1 |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REYNOLDS, WILLIAM | | 3.2 NAME | | |
| STREET ADDRESS | 207 DUNE CIRCLE NEW SMYRNA BEACH FL 321 | 180 | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | HEW SMITHIN BEACH FE 321 | DILETE | 3.4. CITY-ST-ZIP 4.1 TITLE | · · · · · · · · · · · · · · · · · · · | Change Addition |
| NAME | | pitt it | 4.1 TOLE 4.2 NAME | | C change C vention |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | • |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CHY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 6 1 TITLE | | Change Addition |
| NAME STREET ADDRESS | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | : | 6.4 CITY-ST-ZIP | | |

4. Thereby 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 supplienced annual reports 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 thin receiver or trusted improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: W VALLET

5 Feb 9 & 904-407-3222

3R2E034 (10/97)