

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1995 MAR 14 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755981** (8)
1. Corporation Name:
PINEBROOK LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**100 PINEBROOK DRIVE, S.E.
FT. MYERS FL 33907**

600001430876
-03/16/95--01003--017
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1981** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2255301** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**ADAMS, JOSEPH E. ESQ.
ADAMS, JOSEPH E. ESQ.
BECKER POLI KOFF
FT. MYERS, FLORIDA 33909**

10. Name and Address of New Registered Agent
B1 Name **MADELINE EBELINI P. A.**
B2 Street Address (P.O. Box Number is Not Acceptable) **1462 CLARET COURT**
B3
B4 City **FORT MYERS** FL B5 Zip Code **33919**

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 *Madeline Ebelini* **Madeline Ebelini, Esquire** **2/21/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TREBILCOCK, DIANE 136 PINEBROOK DRIVE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROZNAK, WILLIAM 862 CYPRESS LAKE CIRCLE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZORGER, AIDA 201 PINEBROOK DRIVE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, MILTON 207 PINEBROOK DRIVE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, IRIS 204 PINEBROOK DR FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD FRIES, BARBARA 115 PINEBROOK DRIVE FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD MORRIS, WALTER 205 PINEBROOK DR. FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V.P.D. ROSS, ARTHUR 206 PINEBROOK DR FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD SHILLINGBURG, PATTI 137 PINEBROOK DR. FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NONE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.
SIGNATURE: *Diane D. Trebilcock* **DIANE D. TREBILCOCK** **2/21/95** 813-189-2131
Signature AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR Date Filing Number #