

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **01/20/1981** 3a. Date of Last Report **03/14/1995**  
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**  
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 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**EBELINI, MADELINE PA  
1462 CLARET COURT  
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent  
81 Name **PATT SHILLINGBURG**  
82 Street Address (P.O. Box Number is Not Acceptable) **137 PINEBROOK DR**  
83  
84 City **FT. MYERS** FL 85 Zip Code **33907**

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 617.0503, Florida Statutes.  
SIGNATURE **PATT SHILLINGBURG, PRESIDENT** *Patt Shillingburg* **4-29-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TREBILCOCK, DIANE	
STREET ADDRESS	136 PINEBROOK DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, WALTER	
STREET ADDRESS	205 PINEBROOK DR.,	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZORGER, AIDA	
STREET ADDRESS	201 PINEBROOK DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROSSI, ARTHUR	
STREET ADDRESS	206 PINEBROOK DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHILLINGBURG, PATT	
STREET ADDRESS	137 PINEBROOK DR	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	FRIES, BARBARA	
STREET ADDRESS	115 PINEBROOK DRIVE	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>JOE</del> ESPOSITO, JOE	
1.3 STREET ADDRESS	13004 TALL PINE CIRCLE	
1.4 CITY-ST-ZIP	FT. MYERS FL 33907	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORRIS, WALTER	
2.3 STREET ADDRESS	205 PINEBROOK DR	
2.4 CITY-ST-ZIP	FT. MYERS FL 33907	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHILLINGBURG, PATT	
3.3 STREET ADDRESS	137 PINEBROOK DR	
3.4 CITY-ST-ZIP	FT. MYERS FL 33907	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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, changed, or on an attachment with an address.  
SIGNATURE: *Patt Shillingburg* **P. SHILLINGBURG** **4-29-96** **941-482-5754**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)