## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

755981

(8)

1. Corporatio	n Name	` '		1	
PINEB	ROOK LAKES CONDOMIN	IUM ASSOCIATION, INC	) 		
Principal Plac	e of Business	Mailing Address		T 108411 1800 TO ATTO ATTO ATTO ATTO A	HI BIBN BIBN BIBN BIBN BIBN BIBN IBN
100 PINEBROOK DRIVE, S.E. 100 PINEBROOK DRIVE, S.E. FT. MYERS FL 33907 FT. MYERS FL 33907-5965					
				3. Date incorporated or Qualified 01/20/1981	3e. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2255301	Applied For
Suite, Apt. #. etc.		Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>Z</b> ip	Country	28     Zip	Country	<del></del>	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
	9. Name and Address of Curre			10. Name and Address of New Reg	stered Agent
			B1 Name (	Chrostopher J. Shields	9
SHILLINBURG, PATT			82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
137 PINEBROOK DR. FT. MEYERS FL 33907			63	1033 hendry St.	<del></del>
F1. ME	teno re obout				
			84 City Fo	ort Myers, FL	FL   85   Zip Code   33901
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	es, the above-named corp	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
agent. I a	am familiar with, and accept the obli	gations of Section 617 0503, Flo	origin Statutes.	tions board of directors. Thereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	dent and allo if got the Alox	E: Registered Agent signature requi	and when religional	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	<b>™</b> DELETE	1.1 TITLE	<u>ر</u> ر	Change Addition
NAME	ESPOSITO, JOE			M. R. LIVIALSTON	
STREET ADDRESS	13004 TALL PINE CIRCLE			ISPINGBROOK DR	
CITY-ST-ZIP TITLE	FT. MEYERS FL	☐ DELETE	1.4 CITY - ST - ZIP 21 TITLE	ORT MYARS FL	
NAME	MORRIS, WALTER			DNA SCHMITT	Carange Carvoulous
STREET ADDRESS	205 PINEBROOK DR.			O PINEBROOK DY	१
CITY-S1-ZIP	FT. MEYERS FL			ORT MYERS FL	- 33907
TITLE	PD	DELETE	3.1 TITLE	D.	Change 2 Addition
NAME	SHILLINBURG, PATT		3.2 NAME	1655 WELLS	
STREET ADDRESS	137 PINEBROOK DR.		3.3 STREET ADDRESS	. ( ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CITY-ST-ZIP TITLE	FT. MEYERS FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	ort myers fl	88907
NAME	VPD Rossi, Arthur	VILL.	4. 2 NAME		
STREET ADDRESS	206 PINEBROOK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		4.4 DITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME	SHILLINGBURG, PATTI		5.2 NAME		
STREET ADDRESS	137 PINEBROOK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	1	v.c.it	6.2 NAME		E Avenillo E vention

64 CITY-ST-ZIP

14. I do 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 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF PRICEDOR

4/7/94

**FILED** 

Apr 18 1997 8:00am

Secretary of State

Daytime Phone # 0055296