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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755981 (8)
 1. Corporation Name
PINEBROOK LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 100 PINEBROOK DRIVE, S.E. FT. MYERS FL 33907	Mailing Address 100 PINEBROOK DRIVE, S.E. FT. MYERS FL 33907
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3. Date Incorporated or Qualified 01/20/1981		
4. FEI Number 59-2255301	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
FT. MEYERS FL 33901

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESPOSITO, JOE	
STREET ADDRESS	13004 TALL PINE CIRCLE	
CITY-ST-ZIP	FT. MEYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, WALTER	
STREET ADDRESS	205 PINEBROOK DR.	
CITY-ST-ZIP	FT. MEYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMITT, ANNA	
STREET ADDRESS	120 PINEBROOK DR.	
CITY-ST-ZIP	FT. MEYERS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ROSSI, ARTHUR	
STREET ADDRESS	206 PINEBROOK DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELLS, JESS	
STREET ADDRESS	117 PINEBROOK DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REYNOLDS, RALPH	
1.3 STREET ADDRESS	123 PINEBROOK DR	
1.4 CITY-ST-ZIP	FT. MYERS FL 33907	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LIVINGSTON, W.M. E.	
2.3 STREET ADDRESS	118 PINEBROOK DR	
2.4 CITY-ST-ZIP	FT. MYERS FL 33907	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREEN, THOMAS	
3.3 STREET ADDRESS	119 PINEBROOK DR	
3.4 CITY-ST-ZIP	FT. MYERS FL 33907	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NAYLOR, GAIL	
4.3 STREET ADDRESS	104 PINEBROOK DR	
4.4 CITY-ST-ZIP	FT. MYERS FL 33907	
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 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 by an attachment with an address.

SIGNATURE: *Thomas G. Wells* **2/16/98** **(941) 437-4840**

CR2E037 (10/97)