


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90038 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755981**  
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/20/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2255301
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHIELDS, CHRISTOPHER J 1833 HENDRY ST. FT. MEYERS FL 33901		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPOSITO, JOE	1.2 NAME	S.D FOSTER, MARY
STREET ADDRESS	13004 TALL PINE CIRCLE	1.3 STREET ADDRESS	127 PINEBROOK DR
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS FL 33907
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, RALPH	2.2 NAME	MORRIS, WALTER
STREET ADDRESS	123 PINEBROOK DRIVE	2.3 STREET ADDRESS	205 PINEBROOK DR
CITY-ST-ZIP	FT. MYERS FL 33907	2.4 CITY-ST-ZIP	FT. MYERS FL 33907
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITT, ANNA	3.2 NAME	ROSSI, ARTHUR
STREET ADDRESS	120 PINEBROOK DR.	3.3 STREET ADDRESS	206 PINEBROOK DR.
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS FL 33907
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, WM. E.	4.2 NAME	
STREET ADDRESS	118 PINEBROOK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, JESS	5.2 NAME	
STREET ADDRESS	117 PINEBROOK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, THOMAS	6.2 NAME	
STREET ADDRESS	119 PINEBROOK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33907	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. Greene **REQUIRED** 3/18/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)