

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90181 011 ****61.25

DOCUMENT # 755981

1. Entity Name

PINEBROOK LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 PINEBROOK DRIVE, S.E.
 FT. MYERS FL 33907

100 PINEBROOK DRIVE, S.E.
 FT. MYERS FL 33907-5965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2255301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
FT. MEYERS, FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ESPOSITO, JOE**
 STREET ADDRESS **13004 TALL PINE CIRCLE**
 CITY-ST-ZIP **FT. MEYERS FL**

TITLE **VPD** Change Addition
 NAME **ROSSI, ARTHUR**
 STREET ADDRESS **206 PINEBROOK DR**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **PD** Delete
 NAME **REYNOLDS, RALPH**
 STREET ADDRESS **123 PINEBROOK DRIVE**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **SD** Change Addition
 NAME **FOSTER, ED**
 STREET ADDRESS **127 PINEBROOK DR**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **D** Delete
 NAME **SCHMITT, ANNA**
 STREET ADDRESS **120 PINEBROOK DR.**
 CITY-ST-ZIP **FT. MEYERS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **FOSTER, MARY**
 STREET ADDRESS **127 PINEBROOK DR**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **D** Change Addition
 NAME **FOSTER, MARY**
 STREET ADDRESS **127 PINEBROOK DR**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **D** Delete
 NAME **MORRIS, WALTER**
 STREET ADDRESS **205 PINEBROOK DR**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GREENE, THOMAS**
 STREET ADDRESS **119 PINEBROOK DRIVE**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas F. Greene*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS F. GREENE 4/27/00

Date

941-437-4840

Daytime Phone #

CR2E037 (9/99)