

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90046 002 ****61.25

DOCUMENT # 755981

1. Entity Name
PINEBROOK LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
100 PINEBROOK DRIVE 100 PINEBROOK DRIVE
FT. MYERS FL 33907 FT. MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2255301** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SHIELDS, CHRISTOPHER J.~~
~~1833 HENDRY ST.~~
~~FT. MYERS FL 33901~~

Name **ANNA SCHMITT**
 Street Address (P.O. Box Number is Not Acceptable) **120 Pinebrook Drive**
 City **Ft. Myers FL** Zip Code **33907**

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 *Anna Schmitt* x **3-13-02**
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	PD VP	<input type="checkbox"/> Delete
NAME	ROSSI, ARTHUR	
STREET ADDRESS	206 PINEBROOK DR.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	Director	<input type="checkbox"/> Delete
NAME	SCHMIDT, JOHN	
STREET ADDRESS	120 PINEBROOK DR	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZORGER, AIDA	
STREET ADDRESS	201 PINEBROOK DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna Schmitt	
STREET ADDRESS	120 Pinebrook Drive	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Foster	
STREET ADDRESS	127 Pinebrook Drive	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fenton Ludtke	
STREET ADDRESS	33907	
CITY-ST-ZIP	901 Pinebrook Dr., Ft. Myers, FL	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Kercheval	
STREET ADDRESS	130 Pinebrook Drive	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anna Schmitt* x **3-13-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)