

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90018 022 ****61.25

DOCUMENT # 755981

1. Entity Name

PINEBROOK LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

100 PINEBROOK DRIVE
FT. MYERS FL 33907

Mailing Address

100 PINEBROOK DRIVE
FT. MYERS FL 33907

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIYTT, ANNA
120 PINEBROOK DRIVE
FORT MYERS FL 33907

Name

Murray, Judy

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

100 Pinebrook Dr.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Judith A. Murray

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, ARTHUR	
STREET ADDRESS	206 PINEBROOK DR.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, JOHN	
STREET ADDRESS	120 PINEBROOK DR	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZORGER, AIDA	
STREET ADDRESS	201 PINEBROOK DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, ANNA	
STREET ADDRESS	120 PINEBROOK DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	F	<input type="checkbox"/> Delete
NAME	FOSTER, EDWARD	
STREET ADDRESS	127 PINEBROOK DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUDTKE, FENTON	
STREET ADDRESS	901 PINEBROOK DR	
CITY-ST-ZIP	FORT MYERS FL 33907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Murray	
STREET ADDRESS	100 Pinebrook Dr	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Livingston	
STREET ADDRESS	118 Pinebrook Dr	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Patrick	
STREET ADDRESS	133 Pinebrook Dr	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Nichols	
STREET ADDRESS	121 Pinebrook Dr	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Rossi	
STREET ADDRESS	206 Pinebrook Dr	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meir Smilovitz	
STREET ADDRESS	125 Pinebrook Dr	
CITY-ST-ZIP	FT MYERS FL 33907	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Judith A. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #