

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21581 (6)**
1. Corporation Name
PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
20 N ORANGE AVENUE STE 700 ORLANDO FL 32801-4605 US *DELETE*
20 N. ORANGE AVENUE STE 700 ORLANDO FL 32801-4605 US *DELETE*

3. Date Incorporated or Qualified **07/16/1987** 3a. Date of Last Report **03/08/1995**

2. Principal Place of Business 2a. Mailing Address
21 **SE Morningside Drive** 26 **SE Morningside Drive**
22 Suite, Apt. #, etc. **6854** 27 **6854**
23 City & State **Stuart, Florida** 28 **Stuart, Florida**
24 Zip **34997** 25 Country **Martin** 29 **34997** 30 **Martin**

4. FEI Number **59-2823982** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HARRIS, OLIVER H
10 CENTRAL PKWY
SUITE 240
STUART FL 34994**
10. Name and Address of New Registered Agent
B1 Name *Oliver H. Harris*
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 **Oliver H. Harris** *Oliver H. Harris* DATE **1/30/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <i>DELETE</i>
NAME	BOURBEAU, ARMAND J
STREET ADDRESS	4725 SE BASSWOOD TERR STUART FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	ARANEO, DANNY
STREET ADDRESS	7100 SE CARROTWOOD LN STUART FL
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE
NAME	IRVING, JANE
STREET ADDRESS	4707 SE BALSABOOD TERRACE STUART FL
CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HARRINGTON, BOB
STREET ADDRESS	4744 SE CORKWOOD TERRACE STUART FL
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	NOWICKI, BARBARA
STREET ADDRESS	4666 DOGWOOD TERRACE STUART FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, DONALD
STREET ADDRESS	4491 SE COTTONWOOD TERRACE STUART FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dolores Pierce
1.3 STREET ADDRESS	7261 SE Sweetwood Terrace
1.4 CITY-ST-ZIP	Stuart, Florida 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	treasurer
2.2 NAME	Dale Finkbone
2.3 STREET ADDRESS	4706 SE Basswood Terr.
2.4 CITY-ST-ZIP	Stuart, Florida 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Steve Ball
4.3 STREET ADDRESS	4500 SE Sweetwood Way
4.4 CITY-ST-ZIP	Stuart, Florida 34997 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	400001746734
5.2 NAME	-03/18/96--01044--020
5.3 STREET ADDRESS	***61.25
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jane Irving* DATE **(407) 288-2788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E037 (12/95)