

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business 6854 SE MORNINGSIDE DR STUART FL 34997 US	Mailing Address 6854 SE MORNINGSIDE DR STUART FL 34997 US
---	---

3. Date Incorporated or Qualified 07/16/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2823982	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> DELETE
NAME	PIERCE, DOLORES
STREET ADDRESS	7261 SE SWEETWOOD TERRACE
CITY-ST-ZIP	STUART FL 34997
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	FINKBONE, DALE
STREET ADDRESS	4706 SE BASSWOOD TERRACE
CITY-ST-ZIP	STUART FL 34997
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	IRVING, JANE
STREET ADDRESS	4707 SE BALSWOOD TERRACE
CITY-ST-ZIP	STUART FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, STEVE
STREET ADDRESS	4500 SE SWEETWOOD TERRACE
CITY-ST-ZIP	STUART FL 34997
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DONALD
STREET ADDRESS	4491 SE COTTONWOOD TERRACE
CITY-ST-ZIP	STUART FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	see attached sheet for officers & directors
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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.

SIGNATURE: *Dolores Pierce* Dolores Pierce 1-20 98 (561) 287-3606

CFR2E037 (10/97)