


#671

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90082 030 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N21581</b> 1. Corporation Name <b>PINELAKE GARDENS HOMEOWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business 6854 SE MORNINGSID DR STUART FL 34997 US	Mailing Address 6854 SE MORNINGSID DR STUART FL 34997 US	



21	2. Principal Place of Business	2a	Mailing Address	3.	Date incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/16/1987	Applied For
22	City & State	27	City & State	4.	FEI Number	Not Applicable
					59-2823982	
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
24	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRIS, OLIVER H 10 CENTRAL PKWY SUITE 240 STUART FL 34994				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DOLORES	1.2 NAME	
STREET ADDRESS	7261 SE SWEETWOOD TERRACE	1.3 STREET ADDRESS	see attached sheet for
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP LOMBARD	2.2 NAME	complete list of officers
STREET ADDRESS	4536 SE BASSWOOD TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA NOWICKI	3.2 NAME	and directors
STREET ADDRESS	4666 SE DOGWOOD TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, STEVE	4.2 NAME	
STREET ADDRESS	4500 SE SWEETWOOD TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNY ARANEO	5.2 NAME	
STREET ADDRESS	7100 SE CARROTWOOD TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE BELL	6.2 NAME	
STREET ADDRESS	4500 SE SWEETWOOD WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ Date: **4-7-99** Daytime Phone # \_\_\_\_\_

*Armand Bourbeau*  
**SEC.**

Armand Bourbeau, sec.

CR2E037 (1/98)

# PINELAKE GARDENS HOMEOWNERS ASSOCIATION

Pinelake Gardens  
6854 S.E. Morningside I  
Stuart, Florida 34997

339469-90116-45  
N 21581

## 1999 HOA BOARD OF DIRECTORS

President -	Dolores Pierce	7261 SE Sweetwood Terr.	tel. 287-3606
Vice-President	Danny Araneo	7100 SE Carrotwood Lane	tel. 283-3381
<del>Treasurer</del>	<del>Agnes Heinz</del>	<del>7252 SE Sweetwood Terr.</del>	<del>tel. 220-6065</del>
Secretary	Armand Bourbeau	4725 SE Basswood Terr.	tel. 288-3698
Director	Steve Bell	4500 SE Sweetwood Way	tel. 287-2544
Director	Carl Doby	6927 SE Sourwood Drive	tel. 287-3899
Director	Albert Moore	7271 SE Sweetwood Terr.	tel. 220-8367