

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 27, 2003 8:00 am
Secretary of State

0001908

03-27-2003 90096 004 ****61.25

DOCUMENT # N93000001084

1. Entity Name
PINE LAKES HOMEOWNERS ASSOCIATION OF PALM COAST, INC.



Principal Place of Business Mailing Address

**7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST FL 32137
US**


**POST OFFICE BOX 353820
PALM COAST FL 32135
US**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3175473** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANNON, FRED JR
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE NORTH SUITE C
PALM COAST FL 32137**

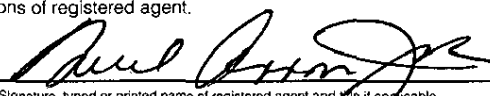
7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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  DATE **03/27/2003**

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

FRED ANNON, JR.

FILE NOW: FEE IS \$61.25

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	D <input checked="" type="checkbox"/> Delete
NAME	CUSACK, DENNIS
STREET ADDRESS	POST OFFICE BOX 353820
CITY-ST-ZIP	PALM COAST FL 32135
TITLE	VD <input type="checkbox"/> Delete
NAME	WATSON, DAVID
STREET ADDRESS	PO BOX 353820
CITY-ST-ZIP	PALM COAST FL 32135
TITLE	SD <input type="checkbox"/> Delete
NAME	ALBER, IDA MAE
STREET ADDRESS	PO BOX 353820
CITY-ST-ZIP	PALM COAST FL 32-1355
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	ANTONIEWICZ, ROBERT
STREET ADDRESS	PO BOX 353820
CITY-ST-ZIP	PALM COAST FL 32135
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BOSWELL, PAUL
STREET ADDRESS	PO BOX 353820
CITY-ST-ZIP	PALM COAST FL 32135
TITLE	D <input type="checkbox"/> Delete
NAME	BOSMAN, FRANK
STREET ADDRESS	PO BOX 353820
CITY-ST-ZIP	PALM COAST FL 32135

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY, DAVID
STREET ADDRESS	22 Mt. Vernon Lane
CITY-ST-ZIP	Palm Coast, Fl. 32164
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLD, GEORGE
STREET ADDRESS	20 Mt. Vernon Lane
CITY-ST-ZIP	Palm Coast, Fl. 32164
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, ANDREW
STREET ADDRESS	9 Vanderbilt Place
CITY-ST-ZIP	Palm Coast, Fl. 32164
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSMAN, FRANK
STREET ADDRESS	25 Montauk Lane
CITY-ST-ZIP	Palm Coast, Fl. 32164

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:  (IDA MAE ALBER, SEC.) **3-10-03 (386) 446-1767**

CR2E037 (10/02)