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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005629

1. Corporation Name
PRETTY LAKE ESTATES HOA, INC.

Principal Place of Business	Mailing Address
16214 SENTRY WOODS CT. ODESSA FL 33556	16214 SENTRY WOODS CT. ODESSA FL 33556

2. Principal Place of Business 21 16211 Sentry Woods Ct. 22 Suite, Apt. #, etc. 23 City & State: Odessa FL 33556 24 Zip: 33556 25 Country: Hillsborough	2a. Mailing Address 26 16211 Sentry Woods Ct. 27 Suite, Apt. #, etc. 28 City & State: Odessa, FL 29 Zip: 33556 30 Country: Hillsborough

3. Date Incorporated or Qualifed: 11/15/1994
4. FEI Number: 59-3278964 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAYER, THOMAS L
16214 SENTRY WOODS CT.
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: Baker, Donald J.
82 Street Address (P.O. Box Number is Not Acceptable): 16211 Sentry Woods Court
83
84 City: Odessa FL 85 Zip Code: 33556

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: Donald J Baker — 6/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MAYER, THOMAS L		1.2 NAME		
STREET ADDRESS	16214 SENTRY WOODS CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	CIOTTI, ROBERT L		2.2 NAME		
STREET ADDRESS	16210 SENTRY WOODS CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CLEMENT, RICHARD D		3.2 NAME		
STREET ADDRESS	16202 SENTRY WOODS CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	DVP	☒ Change ☐ Addition
NAME	STONESIFER, KURT		4.2 NAME		
STREET ADDRESS	16201 SENTRY WOODS CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		4.4 CITY-ST-ZIP		
TITLE	DVPS	☒ DELETE	5.1 TITLE	DT	☒ Change ☒ Addition
NAME	TURNER, ROBERT		5.2 NAME	BAKER, DONALD	
STREET ADDRESS	16209 SENTRY WOODS CT		5.3 STREET ADDRESS	16211 SENTRY WOODS COURT	
CITY-ST-ZIP	ODESSA FL		5.4 CITY-ST-ZIP	ODESSA, FL. 33556	
TITLE	D	☒ DELETE	6.1 TITLE	DS	☐ Change ☒ Addition
NAME	HAZEN, BRUCE D		6.2 NAME	FERERIA, ROSALYN	
STREET ADDRESS	16207 SENTRY WOODS CT.		6.3 STREET ADDRESS	16213 SENTRY WOODS COURT	
CITY-ST-ZIP	ODESSA FL		6.4 CITY-ST-ZIP	ODESSA, FL. 33556	

CR2E037 (11/98)

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 — ROBERT L. CIOTTI — TREASURER — 6/05/99 — 813-243-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #