SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Jul 23, 1999 8:00 am Secretary of State 07-23-1999 90003 026 ****61.25

FILED

DOCUMENT # N9500000547

1. Corporation Name

PATE CREST VILLAS I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13420 PONDEROSA WAY FT. MYERS FL 33907 13420 PONDEROSA WAY FT. MYERS FL 33907



2. Principal Pla	ace of Business	2a. Mailing Address		3. Date Incorporat			
21 5328 GLENLWETRO. 28 Y DBGK 6		01489	02/03/1995	<u> </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.					pplied For		
22 27				00.000999			ot Applicable
City & State			EL.	5. Certifcate of Status Desired \$8.75 Additional Fee Required			
Zip	Country	Country	6. Election Campaign Financing \$5.00 May Be				
24 33 907 25 USA 29 33 906 30			USA	Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
		LILAR A	, CONKL	لىرى			
PATE, J.	FOSTER	82 Street Address (P.O. Box Number is Not Acceptable)					
1 '	NDEROSA WAY	5328 GLENLIVET KD.					
FT. MYERS FL 33907							1
						85 Zip	Code
		84 City	for hugge	<u> </u>	- FL 33	3907	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits his 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.							
1112199							
Standard transfer and a profess page of periodic and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO							
TITLE	PVST	☐ DELETE	1.1 TITLE	LIFON C		Change	
NAME	PATE, J. FOSTER		1.2 NAME	2358 (GLENLIVE	TRO,	80 55 05 A
STREET ADDRESS	13420 PONDEROSA WAY		1.3 STREET ADDRESS	GT MUT	ax Ec.	33907	
CITY-ST-ZIP	FT. MYERS FL 33907		1.4 CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •	i		
TITLE	D	☐ DELETE	2.1 TITLE	5328 G FT. MyC DEBORNH 5336 GLE	BREFER	STUH Change	Addition
NAME	PATE, J. FOSTER		2.2 NAME	C32/ /	سنيونو ورارار	R-D	TREASURER
STREET ADDRESS	13420 PONDEROSA WAY		2.3 STREET ADDRESS	2236 016	PLIVE	-	
CITY-ST-ZIP	FT. MYERS FL 33907	<u>•</u>	2. 4 CITY-ST-ZIP	FT MYEAS, TONY ROM 5313 GUE	FL.	<u> 33907 _</u>	
TITLE	D	☐ DELETE	3.1 TITLE-	TONY ROM	*~0	Change	☐ Addition
NAME	SMITH, MAUREEN		3.2 NAME	C313 (15	111/57	RD U	PRESIDENT
STREET ADDRESS	13420 PONDEROSA WAY		3.3 STREET ADDRESS	2212 615	/ 2007		PRESIDENT
CITY-ST-ZIP	FT. MYERS FL 33907		3.4. CITY-ST-ZIP	(my myers)	FL.	<u> </u>	
TITLE	D	☐ DELETE	4.1 TITLE	•		☐ Change	☐ Addition
NAME }	PARDO, MARK		4.2 NAME				
STREET ADDRESS	5304 GLENLIVET RD.		4.3 STREET ADDRESS				
C/TY-ST-ZIP	FT. MYERS FL 33909		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME .			5.2 NAME				ſ
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	_		Change	Addition
NAME		1	6.2 NAME				
STREET ADDRESS			6.3 STREET ADORESS				
CITY-ST-ZIP	· 		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99 Date 941-433-2277-ext Daytime Phone # 226