

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **543331** (3)

1. Corporation Name  
**PINECREST LAKES, INC.**

Principal Place of Business  
**340 JENSEN BCH BLVD  
JENSEN BEACH FL 34957-4625**

Mailing Address  
**340 JENSEN BCH BLVD  
JENSEN BEACH FL 34957**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/18/1977</b>	3a. Date of Last Report <b>02/07/1996</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-1777670</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POLZIN, DONALD 340 JENSEN BEACH BLVD JENSEN BEACH FL 34957		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIS, JANICE	1.2 NAME	
STREET ADDRESS	1090 N. BARKER RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKFIELD WI 53008	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, THOMAS	2.2 NAME	
STREET ADDRESS	12760 W. NORTH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKFIELD WI	2.4 CITY - ST - ZIP	
TITLE	VSTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLZIN, DONALD	3.2 NAME	
STREET ADDRESS	12760 W. NORTH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKFIELD WI	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if married, or on an attachment with an address.

SIGNATURE:  Thomas Thomson 2/12/97 414-264-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)