

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:36

DOCUMENT # **757440** (3)

1. Corporation Name

PINE LAKES VILLAS CONDOMINIUM AT PALM COAST, INC

Principal Place of Business	Mailing Address
11-27 VILLAGE CIRCLE PO BOX 351826 PALM COAST FL 32135-1826	11-27 VILLAGE CIRCLE PO BOX 351826 PALM COAST FL 32135-1826

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/07/1981	3a. Date of Last Report 08/09/1994
4. FEI Number 59-2211956	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 PO BOX 351826	2a. Mailing Address 26 PO BOX 351826
22. Suite, Apt. #, etc. 33	27. Suite, Apt. #, etc.
23. City & State Palm Coast FL	28. City & State Palm Coast FL
24. Zip 32135-1826	29. Zip 32135-1826

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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
CLARK, CHARLTON
~~21 VILLAGE CIRCLE~~ **PO BOX 351826**
PALM COAST FL 32137
Palm Coast, FL 32135-1826

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4084 Palm Coast Pkwy NW Suite 7
83 **PO BOX 351826**
84 **Palm Coast** FL 85 Zip Code **32137**

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLARK, CHARLTON
STREET ADDRESS	21 VILLAGE CIRCLE
CITY - ST - ZIP	PALM COAST FL
TITLE	VP
NAME	ERSKINE, DONALD
STREET ADDRESS	11 VILLAGE CIRCLE
CITY - ST - ZIP	PALM COAST FL
TITLE	SD
NAME	O'DONNELL, FRANK
STREET ADDRESS	27 VILLAGE CIRCLE
CITY - ST - ZIP	PALM COAST FL
TITLE	TD
NAME	TOWNSEND, WILLIAM
STREET ADDRESS	53 VILLAGE CIRCLE
CITY - ST - ZIP	PALM COAST FL
TITLE	O
NAME	SAVAGE, LEROY
STREET ADDRESS	63 VILLAGE CIRCLE
CITY - ST - ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	D
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 as an addendum with an address.

SIGNATURE: *William J. Townsend, Pres.* **90446-6333**