

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **757440** (3)
1. Corporation Name
PINE LAKES VILLAS CONDOMINIUM AT PALM COAST, INC



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

3. Date Incorporated or Qualified **04/07/1981** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **59-2211956** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CLARK, CHARLTON
21 VILLAGE CIRCLE
PALM COAST FL 32137

10. Name and Address of New Registered Agent
81 Name PALM COAST PROPERTY MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable) 1984 PALM COAST Pkwy NW, SUITE 7
83
84 City PALM COAST FL 85 Zip Code 32137

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 *Joseph R. Austell* **APPM** **3/19/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	CLARK, CHARLTON	
STREET ADDRESS	21 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	ERSKINE, DONALD	
STREET ADDRESS	11 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/>
NAME	O'DONNELL, FRANK	
STREET ADDRESS	2/ VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	TOWNSEND, WILLIAM	
STREET ADDRESS	53 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	O	<input type="checkbox"/>
NAME	SAVAGE, LEROY	
STREET ADDRESS	63 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	JOSEPH AUSTELL		
13 STREET ADDRESS	57 Village CIRCLE		
14 CITY-ST-ZIP	PALM COAST, FL 32164		
21 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	HELEN CORDUFF		
23 STREET ADDRESS	9 Village CIRCLE		
24 CITY-ST-ZIP	PALM COAST, FL 32164		
31 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	SD	<input type="checkbox"/>	<input type="checkbox"/>
42 NAME	GEORGE WESTPHAL		
43 STREET ADDRESS	45 Village CIRCLE		
44 CITY-ST-ZIP	PALM COAST, FL 32164		
51 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 119.07(3)(k), 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.

SIGNATURE: *Joseph R. Austell* **Feb. 21, 1996** **904-445-8210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)