

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
% 27 VILLAGE CIRCLE PO BOX 351826 PALM COAST FL 32135-1826

3. Date Incorporated or Qualified 04/07/1981  
3a. Date of Last Report 03/22/1996  
4. FEI Number 59-2211956 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
PALM COAST PROPERTY MANAGEMENT  
4984 PALM COAST PWY NW  
SUITE 7  
PALM COAST FL 32137

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 State FL  
85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTELL, JOSEPH	1.2 NAME	
STREET ADDRESS	57 VILLAGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDUFF, HELEN	2.2 NAME	
STREET ADDRESS	9 VILLAGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DONNELL, FRANK	3.2 NAME	DVP
STREET ADDRESS	27 VILLAGE CIRCLE	3.3 STREET ADDRESS	ALAN GERALD
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	23 VILLAGE CIRCLE PALM COAST, FL 32164
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTPHAL, GEORGE	4.2 NAME	DS
STREET ADDRESS	45 VILLAGE CIRCLE	4.3 STREET ADDRESS	ALBERT MAY
CITY-ST-ZIP	PALM COAST FL 32164	4.4 CITY-ST-ZIP	51 VILLAGE CIRCLE PALM COAST, FL 32164
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, LEROY	5.2 NAME	D
STREET ADDRESS	63 VILLAGE CIRCLE	5.3 STREET ADDRESS	MARTHA FERGUSON
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	31 VILLAGE CIRCLE PALM COAST, FL 32164
TITLE	<input type="checkbox"/> DELETE	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 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 1/30/97 904-445-8210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0002822

CR2E037 (9/96)