

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>% 27 VILLAGE CIRCLE<br/>PO BOX 351826<br/>PALM COAST FL 32135-1826</b> | Mailing Address<br><b>% 27 VILLAGE CIRCLE<br/>PO BOX 351826<br/>PALM COAST FL 32135-1826</b> |
|--|--|

|   |   |  |
|---|---|--|
| 3. Date Incorporated or Qualified<br><b>04/07/1981</b>  |   |  |
| 4. FEI Number<br><b>59-2211956</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>      |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

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

9. Name and Address of Current Registered Agent  
**PALM COAST PROPERTY MANAGEMENT  
298 PALM COAST PWY N.E.  
SUITE 7  
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

|  |                    |
|--|--------------------|
| <b>81</b> Name   |                    |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |                    |
| <b>83</b>  |                    |
| <b>84</b> City   | <b>85</b> 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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2-13-98**

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input type="checkbox"/> DELETE            |
| NAME           | AUSTELL, JOSEPH     |  |
| STREET ADDRESS | 57 VILLAGE CIRCLE   |  |
| CITY-ST-ZIP    | PALM COAST FL 32184 |  |
| TITLE          | TD                  | <input type="checkbox"/> DELETE            |
| NAME           | CORDUFF, HELEN      |  |
| STREET ADDRESS | 9 VILLAGE CIRCLE    |  |
| CITY-ST-ZIP    | PALM COAST FL 32184 |  |
| TITLE          | DVP                 | <input type="checkbox"/> DELETE            |
| NAME           | GERALD, ALAN        |  |
| STREET ADDRESS | 23 VILLAGE CIRCLE   |  |
| CITY-ST-ZIP    | PALM COAST FL       |  |
| TITLE          | DS                  | <input type="checkbox"/> DELETE            |
| NAME           | MAY, ALBERT         |  |
| STREET ADDRESS | 51 VILLAGE CIRCLE   |  |
| CITY-ST-ZIP    | PALM COAST FL       |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | FERGUSON, MARTHA    |  |
| STREET ADDRESS | 31 VILLAGE CIRCLE   |  |
| CITY-ST-ZIP    | PALM COAST FL       |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| 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           | <b>HELEN CORDUFF</b>   |
| 2.3 STREET ADDRESS | <b>9 Village Circle</b>  |
| 2.4 CITY-ST-ZIP    | <b>Palm Coast Fla 32184</b>  |
| 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>D FRANK O'DONNELL</b>   |
| 5.3 STREET ADDRESS | <b>27 VILLAGE CIRCLE</b>   |
| 5.4 CITY-ST-ZIP    | <b>PALM COAST, FL 32137</b>  |
| 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 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: *[Signature]* DATE: **2/18/98** 904-446-6333

CR2E037 (10/97)