

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90185 036 ****61.25

DOCUMENT # 757440

1. Entity Name

PINE LAKES VILLAS CONDOMINIUM AT PALM COAST, INC

Principal Place of Business

Mailing Address

PO BOX 351826
 PALM COAST FL 32135-1826

PO BOX 351826
 PALM COAST FL 32135-1826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2211956**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALM COAST PROPERTY MANAGEMENT
PALM COAST FL 32137

Name: **FRED ANNON, JR.**
 Street Address (P.O. Box Number is Not Acceptable):
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE, SUITE C
 City: **PALM COAST** FL Zip Code: **32137**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-20-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	AUSTELL, JOSEPH	
STREET ADDRESS	57 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COURDUFF, HELEN	
STREET ADDRESS	9 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SLAUGHTER, ROBERT	
STREET ADDRESS	13 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL 32164	
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	O'DONNELL, FRANK	
STREET ADDRESS	27 VILLAGE CIR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE FANNON	
STREET ADDRESS	61 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY JACOBS	
STREET ADDRESS	33 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20

Date

904-446-6333

Daytime Phone #