

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90069 032 ****61.25

DOCUMENT # 757440



1. Entity Name
PINE LAKES VILLAS CONDOMINIUM AT PALM COAST, INC

Principal Place of Business Mailing Address
PO BOX 351826 PO BOX 351826
PALM COAST FL 32135-1826 PALM COAST FL 32135-1826

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANNON, FRED JR
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE, SUITE C
PALM COAST FL 32137**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

03/26/2003
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida 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	SD	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, FRANK	
STREET ADDRESS	27 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	DT	<input checked="" type="checkbox"/> Delete
NAME	MAY, ALBERT	
STREET ADDRESS	51 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DOWNES, HAROLD	
STREET ADDRESS	23 VILLAGE CIRCLE	
CITY-ST-ZIP	PALM COAST FL 32164	
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	FRANK LUONI	
STREET ADDRESS	29 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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM TOWNSEND	
STREET ADDRESS	55 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 registered 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 to this report as required by Chapter 617, Florida Statutes, with an alternate signature empowered.

SIGNATURE: *[Signature]*

886-446-6333

CR2E037 (10/02)