

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90009 043 ****61.25

DOCUMENT # 759170

1. Corporation Name

PINE LAKES VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% ITT COMMUNITY DEVELOPMENT CORP.
EXECUTIVE OFFICES
PALM COAST FL 32151
US

Mailing Address

% ITT COMMUNITY DEVELOPMENT CORP.
EXECUTIVE OFFICES
PALM COAST FL 32151-0001
US



2. Principal Place of Business

21 % Diversified Property Mgmt

2a. Mailing Address

26 100 Plantation Bay Dr

3. Date Incorporated or Qualified

07/15/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3016321

Applied For

Not Applicable

City & State

23 ~~100~~ Diamond Beach, FL

City & State

28 Diamond Beach FL

Zip

24 32174

Country

25 USA

Zip

29 32174

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GARDNER, JAMES
% ITT COMMUNITY DEVELOPMENT
EXECUTIVE OFFICES
PALM COAST FL 32151

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100 Plantation Bay Dr

83

84 Diamond Beach

FL

85 Zip Code

32174

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 Nancy Hapiuk

NANCY HAPIUK

9-1-99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GARDNER, JAMES
STREET ADDRESS EXECUTIVE OFFICES
CITY-ST-ZIP PALM COAST FL

TITLE D ☒ DELETE

NAME BUTLER, SAM J
STREET ADDRESS 1 CORPORATE DR
CITY-ST-ZIP PALM COAST FL

TITLE VD ☒ DELETE

NAME BAILEY, THOMAS E.
STREET ADDRESS EXECUTIVE OFFICES
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Sandra Burke
1.3 STREET ADDRESS 1359 Beville Rd
1.4 CITY-ST-ZIP Daytona Beach, FL 32119

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Richard Smith
2.3 STREET ADDRESS 2359 Beville Rd
2.4 CITY-ST-ZIP Daytona Beach, FL 32119

3.1 TITLE ST D ☒ Change ☐ Addition

3.2 NAME Douglas R. Ross, Jr
3.3 STREET ADDRESS 2359 Beville Rd
3.4 CITY-ST-ZIP Daytona Beach, FL 32119

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9-1-99

904-437-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA BURKE

Date

Daytime Phone #

CR2E037 (5/99)