

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).

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

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

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 759170**

1. Corporation Name  
**PINE LAKES VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 % ITT COMMUNITY DEVELOPMENT CORP. EXECUTIVE OFFICES  
 PALM COAST FL 32151 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. 22 100 Plantation Bay Dr	Suite, Apt. #, etc. 27	4. FEI Number 59-3016321
City & State 23 <del>FL</del> Diamond Beach, FL	City & State 28 Diamond Beach FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32174	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29 USA	Country 30 USA	

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 Nancy D Hasiuk 82 Street Address (P.O. Box Number is Not Acceptable) 100 Plantation Bay Dr 83 84 Diamond Beach FL 85 Zip Code 32174
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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 Hasiuk NANCY HASIUK 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input checked="" type="checkbox"/>	1.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME GARDNER, JAMES		1.2 NAME Sandra Burke	
STREET ADDRESS EXECUTIVE OFFICES		1.3 STREET ADDRESS 1359 Beville Rd	
CITY-ST-ZIP PALM COAST FL		1.4 CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE D	DELETE <input checked="" type="checkbox"/>	2.1 TITLE VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME BUTLER, SAM J		2.2 NAME Richard Smith	
STREET ADDRESS 1 CORPORATE DR		2.3 STREET ADDRESS 2359 Beville Rd	
CITY-ST-ZIP PALM COAST FL		2.4 CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE VD	DELETE <input checked="" type="checkbox"/>	3.1 TITLE ST D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME BAILEY, THOMAS E.		3.2 NAME Douglas R. Ross, Jr	
STREET ADDRESS EXECUTIVE OFFICES		3.3 STREET ADDRESS 2359 Beville Rd	
CITY-ST-ZIP PALM COAST FL		3.4 CITY-ST-ZIP Daytona Beach, FL 32119	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 DATE Daytime Phone #

CR2E037 (5/99)