

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR - 1 PM 2: 23

DOCUMENT # **G91332** (8)

1. Corporation Name
**PINELAKE VILLAGE HOMEOWNERS' ASSOCIATION OF MART
IN COUNTY, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2101 NE SAVANNAH RD
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/14/1984** 3a. Date of Last Report **02/25/1994**

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

4. FEI Number **59-2349490** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORBLISS, JOHN M
2101 NE SAVANNAH RD
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent
81 Name **ANITA STANABACK**
82 Street Address (P.O. Box Number is Not Acceptable)
336 NE JADE CIRCLE
83 **JENSEN BEACH, FL. 34957**
84 City **JENSEN BEACH, FL.** 85 Zip Code **FL 34957**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Anita Stanaback, Treas.** *Anita Stanaback* **2-23-95**
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	VP
NAME	BROWN, ROBERT
STREET ADDRESS	375 NE JADE CIR
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	P
NAME	ANTHONY, FREDDOSO
STREET ADDRESS	538 NE SAPHIRE WAY
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	TD
NAME	CORBLISS, JOHN M
STREET ADDRESS	256 NE PINELAKE VILLAGE BLVD
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	SD
NAME	BETTS, GEORGIA M
STREET ADDRESS	517 NE SAPHIRE WAY
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	D
NAME	WIGGINS, H. G
STREET ADDRESS	428 NE TOPAZ TER
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	D
NAME	MOSES, WARREN R
STREET ADDRESS	431 NE TOPAZ WAY
CITY-ST-ZIP	JENSEN BEACH FL

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 checked="" type="checkbox"/> Addition
2.2 NAME	PD JOSEPH VITAGLIANO
2.3 STREET ADDRESS	311 NE MOONSTONE DR.
2.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
3.1 TITLE	TD ANITA STANABACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	336 NE JADE CIRCLE
3.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
4.1 TITLE	SD SANDRA YEAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	311 NE MOONSTONE DR.,
4.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
5.1 TITLE	D RUTH DAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	204 NE FORREST COURT
5.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
6.1 TITLE	D PETER KAZAWIC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	466 NE ONYX WAY
6.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anita Stanaback* **2-23-95** **225-2978**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR DATE