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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G91332 (8)**

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



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

3. Date Incorporated or Qualified: **03/14/1984**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
4. FEI Number: **59-2349490** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be 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: **STANABACK, ANITA 336 NE JADE CIRCLE JENSEN BEACH FL 34957**
10. Name and Address of New Registered Agent: **81 Name: William Bragg 82 Street Address (P.O. Box Number is Not Acceptable): 333 NE Turquoise Circle 83 84 City: Jensen Beach, FL 85 Zip Code: 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: *William A. Bragg* (Typed Name of Registered Agent) DATE: **7/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	NAME: BROWN, ROBERT	1.1 TITLE: VP	NAME: Bill Stefansic
STREET ADDRESS: 375 NE JADE CIR	CITY-ST-ZIP: JENSEN BEACH FL	1.2 STREET ADDRESS: 443 ONYX DRIVE	1.3 CITY-ST-ZIP: JENSEN BEACH, FL. 34957
TITLE: P	NAME: ANTHONY, FREDDOSO	2.1 TITLE: P	NAME: MAC MCCARTHY
STREET ADDRESS: 538 NE SAPPHIRE WAY	CITY-ST-ZIP: JENSEN BEACH FL	2.2 STREET ADDRESS: 46 VILLAGE LANE	2.3 CITY-ST-ZIP: JENSEN BEACH, FL. 34957
TITLE: TD	NAME: CORBLISS, JOHN M	3.1 TITLE: TD	NAME: WILLIAM BRAGG
STREET ADDRESS: 256 NE PINELAKE VILLAGE BLVD	CITY-ST-ZIP: JENSEN BEACH FL	3.2 STREET ADDRESS: 333 TURQUOISE CIRCLE	3.3 CITY-ST-ZIP: JENSEN BEACH, FL. 34957
TITLE: SD	NAME: BETTS, GEORGIA M	4.1 TITLE: SD	NAME: ANITA STANABACK
STREET ADDRESS: 517 NE SAPPHIRE WAY	CITY-ST-ZIP: JENSEN BEACH FL	4.2 STREET ADDRESS: 336 JADE CIRCLE	4.3 CITY-ST-ZIP: JENSEN BEACH, FL. 34957
TITLE: D	NAME: WIGGINS, H. G	5.1 TITLE: D	NAME: GENE CLOUTHIER
STREET ADDRESS: 428 NE TOPAZ TER	CITY-ST-ZIP: JENSEN BEACH FL	5.2 STREET ADDRESS: 253 NE WOODS WAY	5.3 CITY-ST-ZIP: JENSEN BEACH, FL. 34957
TITLE: D	NAME: MOSES, WARREN R	6.1 TITLE: D	NAME: OCEANA HARTLEY
STREET ADDRESS: 431 NE TOPAZ WAY	CITY-ST-ZIP: JENSEN BEACH FL	6.2 STREET ADDRESS: 524 NE SAPPHIRE WAY	6.3 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William A. Bragg* - William A. Bragg DATE: **7/16/96** 407-334-8981

CR2E034 (12/95)