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**Mar 04 1997 8:00am
Secretary of State**



**PROFIT CORPORATION
ANNUAL REPORT
1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34957-5424
P. O. Box 52
Jensen Beach, Fl. 34958**

3. Date Incorporated or Qualified
03/14/1984

3a. Date of Last Report
02/20/1996

4. FEI Number
59-2349490

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 34958 USA

2a. Mailing Address
26 P.O. Box 52
27 Suite, Apt. #, etc.
28 Jensen Beach, Fl.
29 Zip Country
30 34958 USA

9. Name and Address of Current Registered Agent
**BRAGG, WILLIAM
333 N.E. TURQUOISE CIRCLE
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent
81 Name
Carole Clouthier
82 Street Address (P.O. Box Number is Not Acceptable)
253 NE Woods Way
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 making with, and accept the conditions of, Section 607.0505, Florida Statutes.

SIGNATURE *Carole Clouthier* DATE *2/28/97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STEFANSIC, BILL	
STREET ADDRESS	443 ONYX DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, MAC	
STREET ADDRESS	48 VILLAGE LANE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRAGG, WILLIAM	
STREET ADDRESS	333 TURQUOISE CIRCLE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STANABACK, ANITA	
STREET ADDRESS	336 JADE CIRCLE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLOUTHIER, GENE	
STREET ADDRESS	253 N.E. WOODS WAY	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTLEY, OCEANA	
STREET ADDRESS	524 N.E. SAPPHIRE WAY	
CITY-ST-ZIP	JENSEN BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marie Clark	
1.3 STREET ADDRESS	545 NE Sapphire Way	
1.4 CITY-ST-ZIP	Jensen Beach, Fl. 34957-5424	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hugh Morrison	
2.3 STREET ADDRESS	288 NE Moonstone Drive	
2.4 CITY-ST-ZIP	Jensen Beach, Fl. 34957-5424	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carole Clouthier	
3.3 STREET ADDRESS	253 NE Woods Way	
3.4 CITY-ST-ZIP	Jensen Beach, Fl. 34957-5424	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bill Stefansic	
4.3 STREET ADDRESS	443 NE Onyx Drive	
4.4 CITY-ST-ZIP	Jensen Beach, Fl. 34957-5424	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mac McCarthy	
6.3 STREET ADDRESS	48 Village Lane	
6.4 CITY-ST-ZIP	Jensen Beach, Fl. 34957-5424	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Carole Clouthier* DATE: *2/28/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)