

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address PO BOX 52 JENSEN BCH FL 34958 US
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DO NOT WRITE IN THIS SPACE

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

3 Date Incorporated or Qualified 03/14/1984	
4 FEI Number 59-2349490	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CLOUTHIER, CAROLE
253 NE WOODS WAY
JENSEN BCH FL 34957

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CLARK, MARIE
STREET ADDRESS	545 NE SAPPHIRE WAY
CITY-ST-ZIP	JENSEN BCH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MORRISON, HUGH
STREET ADDRESS	288 NE MOONSTONE DR
CITY-ST-ZIP	JENSEN BCH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	CLOUTHIER, CAROLE
STREET ADDRESS	253 NE WOODS WAY
CITY-ST-ZIP	JENSEN BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STEFANSIC, BILL
STREET ADDRESS	443 NE ONYX DR
CITY-ST-ZIP	JENSEN BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLOUTHIER, GENE
STREET ADDRESS	253 N.E. WOODS WAY
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCARTHY, MAC
STREET ADDRESS	48 VILLAGE LANE
CITY-ST-ZIP	JENSEN BCH 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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARLENE MYERS
5.3 STREET ADDRESS	495 MOONSTONE DR.
5.4 CITY-ST-ZIP	JENSEN BEACH FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 J. Clouthier, Treas. Carole J. Clouthier* 561-225 / 321-3268

CR2E034 (10/97)