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Secretary of State

03-09-1999 90110 023 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **G91332**

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**

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
03/14/1984

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 owes the current year Intangible Personal Property Tax. Yes 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 **Brooks Betts**
82 Street Address (P.O. Box Number is Not Acceptable)
517 NE Sapphire Way
83 City
Jensen Beach,
84 State **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 Brooks Betts DATE 2/17/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
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 checked="" 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	MYERS, ARLENE	
STREET ADDRESS	495 MOONSTONE DR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input checked="" 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		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	President		
1.2 NAME	Brooks Betts		
1.3 STREET ADDRESS	517 NE Sapphire Way		
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957		
2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Decibus		
2.3 STREET ADDRESS	160 NE Sharyon Lane		
2.4 CITY-ST-ZIP	Jensen Beach, FL-34957		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input 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		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Marie Clark		
4.3 STREET ADDRESS	545 NE Sapphire Way		
4.4 CITY-ST-ZIP	Jensen Beach, FL 34957		
5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas Brannigan		
5.3 STREET ADDRESS	87 S. Warner Drive		
5.4 CITY-ST-ZIP	Jensen Beach, FL 34957		
6.1 TITLE			<input checked="" 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 exempt information indicated on this annual report or supplemental annual report is true and accurate and that officer or director of the corporation or the receiver or trustee empowered to execute this report, Block 12 or Block 13 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: Brooks Betts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Information
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 4-9075

CR2E034 (11/98)