

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

PROFIT CORPORATION ANNUAL REPORT 2000



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

FILED

00 MAR -8 PM 4:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # G91332

1. Corporation Name

PINELAKE VILLAGE HOMEOWNERS' ASSOCIATION OF MARTIN 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

3. Date incorporated or Qualified

03/14/1984

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 owes the current year Intangible Personal Property Tax.

Yes

No

2. Principal Place of Business

21

2a. Mailing Address

26 P.O. Box 52

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Jensen Beach, FL

29 34958

30 USA

9. Name and Address of Current Registered Agent

BROOKS BETTS
517 NE SAPHIRE WAY
JENSEN BEACH, FL 34957

10. Name and Address of New Registered Agent

81 Name ROBERT DECIBUS
82 Street Address (P.O. Box Number is Not Acceptable) 160 NE SHARYON LANE
83 000003178460-6
-03/22/00--01001--016
84 City JENSEN BEACH 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 Robert Decibus

Signature, by word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/00

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS BETTS	
STREET ADDRESS	517 NE SAPHIRE WAY	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERT DECIBUS	
STREET ADDRESS	160 NE SHARYON LANE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CAROLE CLOTHIER	
STREET ADDRESS	253 NE WOODS WAY	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARIE CLARK	
STREET ADDRESS	545 NE SAPHIRE WAY	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS BRANNIGAN	
STREET ADDRESS	87 S. WARNER DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALVIN FORD	
STREET ADDRESS	178 EMERALD DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROBERT DECIBUS	
13 STREET ADDRESS	160 NE SHARYON LANE	
14 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LEROY PICARD	
23 STREET ADDRESS	218 NE FORREST COURT	
24 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARY LEY	
33 STREET ADDRESS	432 TOPAZ TERRACE	
34 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
41 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	GEORGIA BETTS	
43 STREET ADDRESS	517 NE SAPHIRE WAY	
44 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	RONALD L'ECUYER	
53 STREET ADDRESS	295 MOONSTONE DRIVE	
54 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SANDY YEAGER	
63 STREET ADDRESS	311 MOONSTONE DRIVE	
64 CITY-ST-ZIP	JENSEN BEACH, FL 34957	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that my 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 info

SIGNATURE: Robert Decibus

2/29/00

561-225-6594

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