

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Feb 29 1996 8:00 am  
Secretary of State

DOCUMENT # **N01315 (3)**  
1. Corporation Name  
**PINE LAKE VILLAS HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business: 3715 BAY COURT ST. CLOUD FL 34769  
Mailing Address: 3715 BAY COURT ST. CLOUD FL 34769

3. Date Incorporated or Qualified: 02/08/1984  
3a. Date of Last Report: 03/02/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2506396	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
EIME, JAMES A. 3624 BAY COURT ST. CLOUD FL 34769				81	Name			PD Kermit Keim
				82	Street Address (P.O. Box Number is Not Acceptable)			3520 Bay Ct.
				83				
				84	City	FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: KERMIT KEIM DATE: 2-20-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE	11 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Mary C. Winters	
NAME	BINFORD, JOEL		12 NAME	3701 Bay Ct			
STREET ADDRESS	3621 BAY CT		13 STREET ADDRESS	St Cloud, FL 34769			
CITY-ST-ZIP	ST. CLOUD FL		14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	S	<input type="checkbox"/> DELETE	21 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Robert C Shank	
NAME	SHANK, ROBERT		22 NAME	3628 BAY CT.			
STREET ADDRESS	3628 BAY CT		23 STREET ADDRESS	ST. CLOUD, FL 34769			
CITY-ST-ZIP	ST CLOUD FL		24 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Beatrice S. Wright	
NAME	PARKS, MARCELLA		32 NAME	3512 BAY CT.			
STREET ADDRESS	3516 BAY CT.		33 STREET ADDRESS	St. Cloud, FL 34769			
CITY-ST-ZIP	ST. CLOUD FL		34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE	Robert member	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAWKINS, JOHN		42 NAME	John A. Hawkins			
STREET ADDRESS	3633 BAY COURT		43 STREET ADDRESS	3633 Bay Ct.			
CITY-ST-ZIP	ST. CLOUD FL		44 CITY-ST-ZIP	St. Cloud, fl. 34769			
TITLE	V	<input type="checkbox"/> DELETE	51 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NEALIS, ROBERT	
NAME	NEALIS, ROBERT		52 NAME	3713 BAY COURT			
STREET ADDRESS	3713 BAY CT		53 STREET ADDRESS	St Cloud FL 34769			
CITY-ST-ZIP	ST CLOUD FL		54 CITY-ST-ZIP				
TITLE	PD	<input checked="" type="checkbox"/> DELETE	61 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Kermit Keim	
NAME	EIME, JAMES		62 NAME	3520 BAY COURT			
STREET ADDRESS	3624 BAY COURT		63 STREET ADDRESS	ST CLOUD, FL 34769			
CITY-ST-ZIP	ST. CLOUD FL		64 CITY-ST-ZIP				

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

SIGNATURE: Kermit Keim **KERMIT KEIM** DATE: 2/20/96 PHONE: 407/891-0750  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)