

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/08/1984	
4. FEI Number 59-2506396	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
~~KEN KERMIT
3520 BAY CT.
ST. CLOUD FL 34769~~

10. Name and Address of New Registered Agent
81 Name **Waldo Schluckbier**
82 Street Address (P.O. Box Number Is Not Acceptable) **3613 Bay Court**
83
84 City **St. Cloud,** **FL** 85 Zip Code **34769**

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: **Waldo Schluckbier, President** *Waldo Schluckbier* **2-3-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	T	<input checked="" type="checkbox"/>
NAME	WINTERS, MARY C	
STREET ADDRESS	3701 BAY CT.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	S	<input checked="" type="checkbox"/>
NAME	SHANK, ROBERT C	
STREET ADDRESS	3628 BAY CT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WRIGHT, BEATRICE S	
STREET ADDRESS	3512 BAY CT.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/>
NAME	HAWKINS, JOHN	
STREET ADDRESS	3633 BAY COURT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	V	<input checked="" type="checkbox"/>
NAME	NEALIS, ROBERT	
STREET ADDRESS	3713 BAY CT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	KLEIN, KERMIT	
STREET ADDRESS	3520 BAY CT.	
CITY-ST-ZIP	ST. CLOUD FL 34769	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Schluckbier, Waldo		
1.3 STREET ADDRESS	3613 Bay Ct.		
1.4 CITY-ST-ZIP	St. Cloud, FL 34769		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Chamberlain, Laura		
2.3 STREET ADDRESS	3704 Bay Ct.		
2.4 CITY-ST-ZIP	St. Cloud, FL 34769		
3.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Perillo, Joyce		
3.3 STREET ADDRESS	3621 Bay Ct.		
3.4 CITY-ST-ZIP	St. Cloud, FL 34769		
4.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Fluhrer, Phyllis		
4.3 STREET ADDRESS	3504 Bay Ct.		
4.4 CITY-ST-ZIP	St. Cloud, FL 34769		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Nealis, Eileen		
5.3 STREET ADDRESS	3713 Bay Ct.		
5.4 CITY-ST-ZIP	St. Cloud, FL 34769		
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Ford, John		
6.3 STREET ADDRESS	3616 Bay Ct.		
6.4 CITY-ST-ZIP	St. Cloud, FL 34769		

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

SIGNATURE: **Waldo Schluckbier, President** *Waldo Schluckbier* **2-3-98** **957-7744**

CR2037 (10/97)