

FILE NOW: FILING FEE IS \$61.25

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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90093 017 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N01315**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/08/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2506396</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHLUCKBIER, WALDO 3613 BAY CT ST. CLOUD FL 34769				81	Name <b>DICK MANGRAM</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>3508 BAY COURT</b>		
				83			
				84	City <b>St. Cloud</b>	FL	85

11. Pursuant to the provisions of Sections 617.0602 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 **Dick Mangram** *[Signature]* **President** **2/9/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLUCKBIER, WALDO	1.2 NAME	<b>Waldo, Schluckbier</b>
STREET ADDRESS	3613 BAY CT	1.3 STREET ADDRESS	<b>3613 BAY COURT</b>
CITY-ST-ZIP	ST. CLOUD FL 34769	1.4 CITY-ST-ZIP	<b>ST. CLOUD, FL. 34769</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERLAIN, LAURA	2.2 NAME	<b>Dick Mangram</b>
STREET ADDRESS	3704 BAY CT	2.3 STREET ADDRESS	<b>3508 BAY COURT</b>
CITY-ST-ZIP	ST CLOUD FL 34769	2.4 CITY-ST-ZIP	<b>ST. CLOUD, FL. 34769</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERILLO, JOYCE	3.2 NAME	<b>Joyce Perillo</b>
STREET ADDRESS	3621 BAY CT	3.3 STREET ADDRESS	<b>3621 BAY COURT</b>
CITY-ST-ZIP	ST. CLOUD FL 34769	3.4 CITY-ST-ZIP	<b>ST. CLOUD, FL. 34769</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUHRER, PHYLLIS	4.2 NAME	<b>John Ford</b>
STREET ADDRESS	3504 BAY CT	4.3 STREET ADDRESS	<b>3616 BAY COURT</b>
CITY-ST-ZIP	ST. CLOUD FL 34769	4.4 CITY-ST-ZIP	<b>ST. CLOUD, FL. 34769</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEALIS, EILEEN	5.2 NAME	<b>Emily Britteniker</b>
STREET ADDRESS	3713 BAY CT	5.3 STREET ADDRESS	<b>3517 BAY COURT</b>
CITY-ST-ZIP	ST CLOUD FL 34769	5.4 CITY-ST-ZIP	<b>ST. CLOUD, FL. 34769</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, JOHN	6.2 NAME	<b>John King</b>
STREET ADDRESS	3616 BAY CT	6.3 STREET ADDRESS	<b>3525 BAY COURT</b>
CITY-ST-ZIP	ST. CLOUD FL 34769	6.4 CITY-ST-ZIP	<b>ST. CLOUD, FL. 34769</b>

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, with all other like empowered.

SIGNATURE: **SIG. [Signature]** **2/9/99** **891-7326**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)