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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N35664 (4)
1. Corporation Name
PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
% JOHN A. LESTER 2121 WOOD STORK AVE ST AUGUSTINE FL 32086
% JOHN A. LESTER 2121 WOOD STORK AVE ST AUGUSTINE FL 32086-9253

3. Date Incorporated or Qualified 12/11/1989
3a. Date of Last Report 04/05/1996

2. Principal Place of Business 2a. Mailing Address
21 2124 Wood Stork Av 26 2124 Wood Stork Av
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 St. Augustine, FL 28 St. Augustine, FL
Zip Country Zip Country
24 32086 25 USA 29 32086 30 USA

4. FEI Number 59-2997153 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LESTER, JOHN A.
2121 WOOD STORK AVE
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LESTER, JOHN A. | |
| STREET ADDRESS | 2121 WOOD STORK AVE | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | CRIBBS, VERNON | |
| STREET ADDRESS | 2240 COMMODORE'S CLUB | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CRIBBS, JAMIE J | |
| STREET ADDRESS | 2240 COMMODORES CLUB | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Lester, John A. | |
| 1.3 STREET ADDRESS | 1609 Bay Hawk Lane | |
| 1.4 CITY-ST-ZIP | St. Augustine, FL 32086 | |
| 2.1 TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Joselyne Rojas, Jaime | |
| 2.3 STREET ADDRESS | 1608 Bay Hawk Lane | |
| 2.4 CITY-ST-ZIP | St. Augustine, FL 32086 | |
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Alexander Leslie | |
| 3.3 STREET ADDRESS | 2124 Wood Stork Av | |
| 3.4 CITY-ST-ZIP | St. Augustine, FL 32086 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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: *John A. Lester* Director 3-21-97 904-829-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0001537

CFR2E037 (9/96)