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FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
2124 WOODS STORK AVE ST AUGUSTINE FL 32086 US
2124 WOOD STORK AVE ST AUGUSTINE FL 32086 US

3. Date Incorporated or Qualified
12/11/1989

4. FEI Number **59-2997153** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

7. Is this nonprofit corporation a homeowners association? Yes No

24 Zip Country 29 Zip Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 **LESLIE ALEXANDER**
 82 Street Address (P.O. Box Number is Not Acceptable) **2124 Wood Stork Ave**
 83
 84 City **St Augustine** FL 85 Zip Code **32086**

11. Pursuant to the provisions of Sections 617.0509 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 *John Lester* DATE **4/1/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LESTER, JOHN A.	
STREET ADDRESS	1609 BAY HAWK LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	ROJAS, JAIME	
STREET ADDRESS	1808 BAY HAWK LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, LESLIE	
STREET ADDRESS	2124 WOOD STORK AVE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 Lester* DATE: **4/1/98** 904 829-76156

CP2E037 (10/97)