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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N35664

1. Corporation Name
 PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: 2124 WOOD STORK AVE, ST AUGUSTINE FL 32086, US
 Mailing Address: 2124 WOOD STORK AVE, ST AUGUSTINE FL 32086, US

* 2 281144-90068-16



21	22	23	24	25	26	27	28	29	30	3. Date Incorporated or Qualified	4. FEI Number	Applied For
1608 BAY HAWK LA		ST AUGUSTINE, FL	32086	USA	1608 BAY HAWK LA		ST AUGUSTINE, FL	32086	USA	12/11/1989	59-2997153	Not Applicable
										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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALEXANDER, LESLIE 2124 WOOD STOCK AVE ST AUGUSTINE FL 32086				81 Name	JAIME ROJAS		
				82 Street Address (P.O. Box Number is Not Acceptable)	1608 BAY HAWK LANE		
				83			
				84 City	ST AUGUSTINE	FL	85 Zip Code
				32086			

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: *Jaime Rojas* DATE: 2/24/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	MEMBER DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LESTER, JOHN A.			1.2 NAME	Patricia Innes		
STREET ADDRESS	1609 BAY HAWK LANE			1.3 STREET ADDRESS	2117 Wood Stork Ave.		
CITY-ST-ZIP	ST AUGUSTINE FL			1.4 CITY-ST-ZIP	St. Augustine, FL 32086		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	President Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROJAS, JAIME			2.2 NAME	ROJAS, JAIME		
STREET ADDRESS	1608 BAY HAWK LANE			2.3 STREET ADDRESS	1608 BAY HAWK LN -		
CITY-ST-ZIP	ST AUGUSTINE FL			2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32086		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, LESLIE			3.2 NAME	Virginia Kelly		
STREET ADDRESS	2124 WOOD STORK AVE			3.3 STREET ADDRESS	2124 WOOD STORK AVE		
CITY-ST-ZIP	ST AUGUSTINE FL			3.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32086		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *Jaime Rojas* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/24/99 (904) 808-7226 Daytime Phone #

CR2E037 (1/198)