

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

'95 MAR -1 PM 2:55

**DOCUMENT # N41568 (9)**

1. Corporation Name

**PINE LAKES SUBDIVISION ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
333 S TAMAMI TRAIL SUITE 199 VENICE FL 34285	333 S TAMAMI TRAIL SUITE 199 VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/08/1991</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>65-0239915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KORP, WILLIAM R  
333 S TAMAMI TRAIL  
SUITE 199  
VENICE FL 34285**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HOOPES, WILLIAM
STREET ADDRESS	10021 BARDMOOR CT
CITY - ST - ZIP	N FT MYERS FL
TITLE	DP
NAME	BEEKMAN, LEON
STREET ADDRESS	19799 FRENCHMANS COURT
CITY - ST - ZIP	N FT MYERS FL
TITLE	DT
NAME	HEFT, ADELE
STREET ADDRESS	19822 EAGLE TRACE COURT
CITY - ST - ZIP	N FT MYERS FL
TITLE	D
NAME	SPECKER, RICHARD
STREET ADDRESS	19860 FRENCHMAN'S CRT
CITY - ST - ZIP	N FT MYERS FL
TITLE	DV
NAME	GILLEN, TED
STREET ADDRESS	19795 FRENCHMANS COURT
CITY - ST - ZIP	N FT MYERS FL
TITLE	D
NAME	ROTH, STANLEY
STREET ADDRESS	19791 FRENCHMAN'S CRT
CITY - ST - ZIP	N FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEON BEEKMAN	
1.3 STREET ADDRESS	19799 FRENCHMANS CT	
1.4 CITY - ST - ZIP	N. FT. MYERS, FL 33903	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD SPECKER	
2.3 STREET ADDRESS	19860 FRENCHMANS CT	
2.4 CITY - ST - ZIP	N. FT. MYERS, FL 33903	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM HOOPES	
3.3 STREET ADDRESS	10021 BARDMOOR CT	
3.4 CITY - ST - ZIP	N. FT. MYERS, FL 33903	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STANLEY J. ROTH	
4.3 STREET ADDRESS	19791 FRENCHMANS CT	
4.4 CITY - ST - ZIP	N. FT. MYERS, FL 33903	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TED GILLEN	
5.3 STREET ADDRESS	19795 FRENCHMANS CT	
5.4 CITY - ST - ZIP	N. FT. MYERS, FL 33903	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PRISCILLA HEINIG	
6.3 STREET ADDRESS	19844 EAGLE TRACE CT	
6.4 CITY - ST - ZIP	N. FT. MYERS, FL 33903	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as applicable, or as an attachment with an address.

SIGNATURE: Stanley J. Roth 2/23/95 813/731-3752  
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE BY TELEPHONE  
**STANLEY J. ROTH DIRECTOR/TREASURER**