

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41568** (9)

1. Corporation Name

PINE LAKES SUBDIVISION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

333 S TAMiami TRAIL
SUITE 199
VENICE FL 34285

333 S TAMiami TRAIL
SUITE 199
VENICE FL 34285

3. Date Incorporated or Qualified
01/08/1991

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0239915

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

22

27

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

23

28

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BEEKMAN, LEON	
STREET ADDRESS	19799 FRENCHMANS CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPECKAR, RICHARD	
STREET ADDRESS	19860 FRENCHMANS CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOOPES, WILLIAM	
STREET ADDRESS	10021 BARDMOOR CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	ROTH, STANLEY J	
STREET ADDRESS	19791 FRENCHMANS CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLEN, TED	
STREET ADDRESS	19795 FRENCHMANS CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEINIG, PRISCILLA	
STREET ADDRESS	19844 EAGLE TRACE CT	
CITY-ST-ZIP	N FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	WILLIAM HOOPES
1.4 CITY-ST-ZIP	10021 BARDMOOR CT.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N. FT. MYERS, FL. 33903
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	EDWARD PENNING
3.4 CITY-ST-ZIP	19701 FRENCHMANS CT.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	N. FT. MYERS, FL. 33903
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DS DAVID HELMS
5.3 STREET ADDRESS	19819 FRENCHMAN'S CT.
5.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903
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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96

(941) 731-0745

CR2E037 (12/95)