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FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 TAMAMI TRAIL 9978 BARDMOOR CT 333 S TAMAMI TRAIL
SUITE 199 SUITE 199
VENICE FL 34285 No. Ft MYERS, FL VENICE FL 34285-2479

2. Principal Place of Business

2a. Mailing Address

21 9978 BARDMOOR CT

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 No. Ft MYERS FL

28

Zip

Country

Zip

Country

24 33903

25

29

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3. Date Incorporated or Qualified

01/08/1991

3a. Date of Last Report

03/18/1996

4. FEI Number

65-0239915

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORP, WILLIAM R
333 S TAMAMI 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME HOOPES, WILLIAM
STREET ADDRESS 10021 BARDMOOR CT
CITY-ST-ZIP N FT MYERS FL1.1 TITLE DIRECTOR/TREASURER ☒ Change ☐ Addition
1.2 NAME SEALIEB, RICHARD S.
1.3 STREET ADDRESS 9978 BARDMOOR CT
1.4 CITY-ST-ZIP N FT MYERS FL - 33903TITLE DV ☒ DELETE
NAME SPECKAR, RICHARD
STREET ADDRESS 19880 FRENCHMANS CT
CITY-ST-ZIP N FT MYERS FL2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME ALLAN, JAK
2.3 STREET ADDRESS 9990 BARDMOOR CT.
2.4 CITY-ST-ZIP N FT MYERS, FL 33903TITLE DT ☐ DELETE
NAME PENNINE, EDWARD
STREET ADDRESS 19781 FRENCHMANS CT
CITY-ST-ZIP N FT MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DT ☐ DELETE
NAME ROTH, STANLEY J
STREET ADDRESS 19791 FRENCHMANS CT
CITY-ST-ZIP N FT MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME HELHS, DAVID
STREET ADDRESS 19819 FRENCHMANS CT
CITY-ST-ZIP N FT MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D/SECRETARY ☐ DELETE
NAME HEINIG, PRISCILLA
STREET ADDRESS 19844 EAGLE TRACE CT
CITY-ST-ZIP N FT MYERS FL6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084449

CR2E037 (9/96)