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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 TAMAMI TRAIL SUITE 199 VENICE FL 34285 *9978 Bardmoor Ct No. Ft Myers, FL* **333 S TAMAMI TRAIL SUITE 199 VENICE FL 34285-2479**

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 Required**

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

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

2. Principal Place of Business 2a. Mailing Address

21 **9978 Bardmoor Ct** 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 **No. Ft Myers FL** 28 City & State

24 **33903** 25 Country 29 Zip 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPES, WILLIAM	1.2 NAME	SEALIEB, RICHARD S.
STREET ADDRESS	10021 BARDMOOR CT	1.3 STREET ADDRESS	9978 BARDMOOR CT
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	N FT MYERS FL - 33903
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECKAR, RICHARD	2.2 NAME	ALLAN, JACK
STREET ADDRESS	19880 FRENCHMANS CT	2.3 STREET ADDRESS	9990 BARDMOOR CT.
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	N FT MYERS, FL 33903
TITLE	DT D/VICE PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINE, EDWARD	3.2 NAME	
STREET ADDRESS	19781 FRENCHMANS CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	DT D/PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, STANLEY J	4.2 NAME	
STREET ADDRESS	19791 FRENCHMANS CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, DAVID	5.2 NAME	
STREET ADDRESS	19819 FRENCHMANS CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D/SECRETARY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINIG, PRISCILLA	6.2 NAME	
STREET ADDRESS	19844 EAGLE TRACE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	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]* **2/1/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)