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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41568 (9)
1. Corporation Name
PINE LAKES SUBDIVISION ASSOCIATION, INC.



Principal Place of Business 8978 BARDMOOR CT N FT MYERS FL 33903 US	Mailing Address 9978 BARDMOOR CT NO FT MYERS FL 33903 US
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3. Date Incorporated or Qualified 01/08/1991	
4. FEI Number 65-0239915	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 109
VENICE FL 34285**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83. City
84. State 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 617.0502, Florida Statutes.

SIGNATURE *William R. Korp* *Juan* *3/8/98*
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	DT	<input type="checkbox"/> DELETE
NAME	SCALISE, RICHARD S	
STREET ADDRESS	9978 BARDMOOR CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLAN, JACK	
STREET ADDRESS	9900 BARDMOOR CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	PENNINE, EDWARD	
STREET ADDRESS	19781 FRENCHMANS CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROTH, STANLEY J	
STREET ADDRESS	19791 FRENCHMANS CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELHS, DAVID	
STREET ADDRESS	19819 FRENCHMANS CT	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DS	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D LOU BOSTIC
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DVP
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D/S LOIS SYLVA
6.3 STREET ADDRESS	
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.

SIGNATURE: *William R. Korp* *Juan* *3/8/98*

CPRE037 (10/97)