


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>9978 BARDMOOR CT N FT MYERS FL 33903 US</b>	Mailing Address <b>9978 BARDMOOR CT NO FT MYERS FL 33903 US</b>
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3. Date Incorporated or Qualified <b>01/08/1991</b>	
4. FEI Number <b>65-0239915</b>	Applied For <input type="checkbox"/> Not Applicable

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

9. Name and Address of Current Registered Agent <b>KORP, WILLIAM R 333 S TAMIAHI TRAIL SUITE 109 VENICE FL 34285</b>	
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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 <b>FL</b>

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 *[Signature]* DATE **3/8/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>DT</b>
NAME	<b>SCALISE, RICHARD S</b>
STREET ADDRESS	<b>9978 BARDMOOR CT</b>
CITY-ST-ZIP	<b>N FT MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>ALLAN, JACK</b>
STREET ADDRESS	<b>9980 BARDMOOR CT</b>
CITY-ST-ZIP	<b>N FT MYERS FL</b>
TITLE	<b>DVP</b>
NAME	<b>PENNINE, EDWARD</b>
STREET ADDRESS	<b>19781 FRENCHMANS CT</b>
CITY-ST-ZIP	<b>N FT MYERS FL</b>
TITLE	<b>DP</b>
NAME	<b>ROTH, STANLEY J</b>
STREET ADDRESS	<b>19791 FRENCHMANS CT</b>
CITY-ST-ZIP	<b>N FT MYERS FL</b>
TITLE	<b>SD</b>
NAME	<b>HELHS, DAVID</b>
STREET ADDRESS	<b>19819 FRENCHMANS CT</b>
CITY-ST-ZIP	<b>N FT MYERS FL</b>
TITLE	<b>DS</b>
NAME	<b>HEINIG, PRISCILLA</b>
STREET ADDRESS	<b>19844 EAGLE TRACE CT</b>
CITY-ST-ZIP	<b>N FT MYERS FL</b>

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	<b>D LOU BOSTIC</b>
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	<b>DVP</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D/S LOIS SYLVA</b>
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 *[Signature]* DATE **3/8/98**

CR2E037 (10/97)