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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41568

1. Corporation Name

PINE LAKES SUBDIVISION ASSOCIATION, INC.

Principal Place of Business

9978 BARDMOOR CT
N FT MYERS FL 33903
US

Mailing Address

9978 BARDMOOR CT
NO FT MYERS FL 33903
US



2. Principal Place of Business

21 19800 Frenchmans Ct

2a. Mailing Address

26 19800 Frenchmans Ct

3. Date Incorporated or Qualified

01/08/1991

Suite, Apt. #, etc.

22 No Fort Myers

Suite, Apt. #, etc.

27 No Fort Myers

4. FEI Number

65-0239915

Applied For

Not Applicable

City & State

23 FL

City & State

28 FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33903

Country

25 US

Zip

29 33903

Country

30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KORP, WILLIAM R
333 S TAMiami 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

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 DELETE
NAME SCALISE, RICHARD S
STREET ADDRESS 9978 BARDMOOR CT
CITY-ST-ZIP N FT MYERS FL

TITLE D DELETE
NAME ALLAN, JACK
STREET ADDRESS 9990 BARDMOOR CT
CITY-ST-ZIP N FT MYERS FL

TITLE D DELETE
NAME BOSTIC, LOU
STREET ADDRESS 19781 FRENCHMANS CT
CITY-ST-ZIP N FT MYERS FL

TITLE DP DELETE
NAME ROTH, STANLEY J
STREET ADDRESS 19791-FRENCHMANS CT
CITY-ST-ZIP N FT MYERS FL

TITLE DVP DELETE
NAME HELHS, DAVID
STREET ADDRESS 19819 FRENCHMANS CT
CITY-ST-ZIP N FT MYERS FL

TITLE DS DELETE
NAME SYLVA, LOIS
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 DT Change Addition
1.2 NAME DWYER, Paul T
1.3 STREET ADDRESS 19800 FRENCHMANS CT
1.4 CITY-ST-ZIP North Fort Myers, FL 33903

2.1 TITLE D Change Addition
2.2 NAME BECKMAN, LEON
2.3 STREET ADDRESS 19791-FRENCHMANS CT
2.4 CITY-ST-ZIP North Fort Myers, FL, 33903

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DP Change Addition
4.2 NAME VARAA, Julia
4.3 STREET ADDRESS 19808 FRENCHMANS CT
4.4 CITY-ST-ZIP No Fort Myers FL 33903

5.1 TITLE DVP Change Addition
5.2 NAME COLLINS, LARRY
5.3 STREET ADDRESS 19816 FRENCHMANS CT
5.4 CITY-ST-ZIP North Fort Myers FL 33903

6.1 TITLE Change Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE: *Paul T Dwyer* (941) 543-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)