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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N41912

1. Corporation Name
PINEWOODS LAKES ASSOCIATION, INC.

Principal Place of Business
**4412 WILDER ROAD
 NAPLES FL 34105
 US**

Mailing Address
**4412 WILDER ROAD
 NAPLES FL 33942
 US**

9 1 4 8 1 . 9 0 0 6 5 . 3 9



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/01/1991

22 City & State

27 City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, GEORGE M
 4412 WILDER ROAD
 NAPLES FL 34105**

81 Name ← **There should be a JR after WALTERS**
 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: *George M. Walters, Jr.* **GEORGE M. WALTERS, JR. TREASURER** **January 3, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHHORN, GORDON	1.2 NAME	
STREET ADDRESS	1600 MISTY PINES CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, HULDINE	2.2 NAME	
STREET ADDRESS	800 MISTY PINES CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, JR G M	3.2 NAME	
STREET ADDRESS	4412 WILDER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMSLEY, MARY	4.2 NAME	
STREET ADDRESS	1200 MISTY PINES CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODE, JOHN	5.2 NAME	
STREET ADDRESS	2216 PINWOODS CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *George M. Walters, Jr.* **GEORGE M. WALTERS, JR.** **January 3, 1999** (941) 262-8800
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (1/198)