

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001084 (3)**

1. Corporation Name

**PINE LAKES HOMEOWNERS ASSOCIATION OF PALM COAST, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 353952  
PALM COAST FL 32135

P.O. BOX 353952  
PALM COAST FL 32135

3. Date Incorporated or Qualified  
**03/02/1993**

3a. Date of Last Report  
**04/05/1995**

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

30

4. FEI Number  
**59-3175473**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STOKES, LEAPS A~~  
4984 PALM COAST PWK. #7  
PALM COAST FL 32137

81 Name **William A. White**  
82 Direct Address (P.O. Box Number is Not Acceptable) **Palm Coast Property Mgt.**  
83 **296 Palm Coast Pkwy NE**  
84 City **Palm Coast** FL 85 Zip Code **32137**

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 *William A. White*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                |  |
|----------------|----------------|--|
| TITLE          | DP             | <input type="checkbox"/> DELETE            |
| NAME           | TUBBS, STEVEN  |  |
| STREET ADDRESS | 1 CORPORATE DR |  |
| CITY-ST-ZIP    | PALM COAST FL  |  |
| TITLE          | DST            | <input checked="" type="checkbox"/> DELETE |
| NAME           | LEVY, JOSE     |  |
| STREET ADDRESS | 1 CORPORATE DR |  |
| CITY-ST-ZIP    | PALM COAST FL  |  |
| TITLE          | DVP            | <input checked="" type="checkbox"/> DELETE |
| NAME           | BEAM, WILLIAM  |  |
| STREET ADDRESS | 1 CORPORATE DR |  |
| CITY-ST-ZIP    | PALM COAST FL  |  |
| TITLE          |                | <input type="checkbox"/> DELETE            |
| NAME           |                |  |
| STREET ADDRESS |                |  |
| CITY-ST-ZIP    |                |  |
| TITLE          |                | <input type="checkbox"/> DELETE            |
| NAME           |                |  |
| STREET ADDRESS |                |  |
| CITY-ST-ZIP    |                |  |

|                    |  |
|--------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>DST LEE ARBERG</b>  |
| 2.3 STREET ADDRESS | <b>ONE CORPORATE DR</b>  |
| 2.4 CITY-ST-ZIP    | <b>PALM COAST, FL 32137</b>  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>DVP</b>   |
| 3.3 STREET ADDRESS | <b>SAM BUTLER</b>  |
| 3.4 CITY-ST-ZIP    | <b>ONE CORPORATE DR</b><br><b>PALM COAST, FL 32137</b>                       |
| 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           |  |
| 5.3 STREET ADDRESS | <b>600001797908</b>  |
| 5.4 CITY-ST-ZIP    | <b>-04/29/96--01027-019</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>***61.25</b>  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Steven A Tubbs* Steven A Tubbs 3-19-96 904-445-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)