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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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 32135-3952

3. Date Incorporated or Qualified **03/02/1993**	3a. Date of Last Report **04/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3175473**	Applied For Not Applicable
21	26		
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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

WHITE, WILLIAM A
PALM COAST PROPERTY MGMT.
296 PALM COAST PKWY NE
PALM COAST FL 32137

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]*

(signature, typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	TUBBS, STEVEN	1.2 NAME	NICK AMARO
STREET ADDRESS	1 CORPORATE DR	1.3 STREET ADDRESS	ONE CORPORATE DR.
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	PALM COAST, FL
TITLE	DST ☒ DELETE	2.1 TITLE	DST ☒ Change ☐ Addition
NAME	ARBERG, LEE	2.2 NAME	CHAS.. GALLER
STREET ADDRESS	ONE CORPORATE DR.	2.3 STREET ADDRESS	ONE CORPORATE DR.
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	PALM COAST, FL
TITLE	DVP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, SAM	3.2 NAME	
STREET ADDRESS	ONE CORPORATE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	ALPHONSO LOGAN
STREET ADDRESS		4.3 STREET ADDRESS	3 EAST POINT CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	DONALD MCPHATTER
STREET ADDRESS		5.3 STREET ADDRESS	3 FAIRFAX COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone 8002860