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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N93000001084

1. Corporation Name

PINE LAKES HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

Principal Place of Business

P.O. BOX 353952
 PALM COAST FL 32135

Mailing Address

P.O. BOX 353952
 PALM COAST FL 32135



2. Principal Place of Business

21 100 Plantation Bay Drive
 Suite, Apt. #, etc.

22 City & State
 23 Ormond Beach, FL

Zip Country
 24 32174 25 USA

2a. Mailing Address

26 100 Plantation Bay Drive
 Suite, Apt. #, etc.

27 City & State
 28 Ormond Beach, FL

Zip Country
 29 32174 30 USA

3. Date Incorporated or Qualified

03/02/1993

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 HAPIUK, NANCY D.
 82 Street Address (P.O. Box Number is Not Acceptable)
 100 PLANTATION BAY DRIVE
 83
 84 City ORMOND BEACH FL 85 Zip Code 32174

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 *Nancy D. Hapiuk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	AMARO, NICK	
STREET ADDRESS	ONE CORPORATE DR.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	CHAS, CALLEA	
STREET ADDRESS	ONE CORPORATE DR.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, SAM	
STREET ADDRESS	ONE CORPORATE DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALPHONDO, LOGAN	
STREET ADDRESS	3 EAST POINT COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCPHATTER, DONALD	
STREET ADDRESS	3 FAIRFAX COURT	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURKE, SANDRA	
1.3 STREET ADDRESS	2359 BEVILLE ROAD	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, RICHARD S.	
2.3 STREET ADDRESS	2359 BEVILLE ROAD	
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSS, DOUGLAS R., JR.	
3.3 STREET ADDRESS	2359 BEVILLE ROAD	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32119	
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		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

~~SIGNATURE REQUIRED~~

Sandra Burke

4-23-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)