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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:14

DOCUMENT # N94000005629 (0)

1. Corporation Name

PRETTY LAKE ESTATES HOA, INC.

Principal Place of Business

**16214 SENTRY WOODS CT.
ODESSA FL 33556**

Mailing Address

**16214 SENTRY WOODS CT.
ODESSA FL 33556**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3278964

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

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

**MAYER, THOMAS L
16214 SENTRY WOODS CT.
ODESSA FL 33556**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **MAYER, THOMAS L**
STREET ADDRESS **16214 SENTRY WOODS CT.**
CITY - ST - ZIP **ODESSA FL 33556**

1.1 TITLE **Director, Treasurer** ☒ Change ☐ Addition
1.2 NAME **MAYER, THOMAS L.**
1.3 STREET ADDRESS **16214 SENTRY WOODS CT.**
1.4 CITY - ST - ZIP **ODESSA, FL 33556**

TITLE **D**
NAME **CIOTTI, ROBERT L**
STREET ADDRESS **16210 SENTRY WOODS CT.**
CITY - ST - ZIP **ODESSA FL 33556**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **CLEMENT, RICHARD D**
STREET ADDRESS **16202 SENTRY WOODS CT.**
CITY - ST - ZIP **ODESSA FL 33556**

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

TITLE **D**
NAME **STONESIFER, KURT**
STREET ADDRESS **16201 SENTRY WOODS CT.**
CITY - ST - ZIP **ODESSA FL 33556**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **WIEDER, EDWIN F**
STREET ADDRESS **16205 SENTRY WOODS CT.**
CITY - ST - ZIP **ODESSA FL 33556**

5.1 TITLE **Director, Vice Pres. - Secretary** ☒ Change ☐ Addition
5.2 NAME **TURNER, ROBERT**
5.3 STREET ADDRESS **16209 SENTRY WOODS CT.**
5.4 CITY - ST - ZIP **ODESSA, FL 33556**

TITLE **D**
NAME **HAZEN, BRUCE D**
STREET ADDRESS **16207 SENTRY WOODS CT.**
CITY - ST - ZIP **ODESSA FL 33556**

6.1 TITLE **Director, President** ☒ Change ☐ Addition
6.2 NAME **HAZEN, BRUCE D.**
6.3 STREET ADDRESS **16207 SENTRY WOODS CT.**
6.4 CITY - ST - ZIP **ODESSA, FL 33556**

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 110.07(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:

Thomas L. Mayer

THOMAS L. MAVER

3-22-95

813-920-0252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**