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 # N9400005629 (0) 1. Corporation Name

PRETTY LAKE ESTATES HOA, INC.

Principal Place of Business Mailing Address						t iddition and iditi didit dalle dalle bare	16111 ABIN BAIN AND	18 91178 7	1014 1011 1801
16214 SENTRY WOODS CT. ODESSA FL 33556		16214 SENTRY WOODS CT. ODESSA FL 33556							
						3. Date Incorporated or Qualified 11/15/1994	3a. Date of 03/2	Last R 29/199	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-3278964			oplied For
21		26				39-3276904			ot Applicable Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			equired
City & State		Orty & State				Election Campaign Financing Trust Fund Centribution			May Be to Fees
23 Zip	Country	Zip	Cou	ıntry		8. This corporation has liability for it			
24	25	17.71	30				Yes No		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New R	agistered Ager	<u>1t</u>	
444450	T1101440 I								
MAYER, THOMAS L 16214 SENTRY WOODS CT.			82	Street Addr	ress (P.O. Box Number is Not Acceptab	e)			
	FL 33556			83					
				84	City		 8!	5 Zip	Code
i				1	•		┡┖		ł
or register	to the provisions of Sections 617.0502 and agent, or both, in the State of Floric th, and accept the obligations of, Secti	ta. Such change was authorized	, the abo I by the	corpo	amed corpor oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changin pintment as regi-	ig its red stered a	gistered office agent. I am
SIGNATURE	, 4.10 000000 1110 001130 1111 1111								.,
	Signature, typed or printed name of registered agent				t signaturo require	d when renstating: ADDITIONS/CHANGES 10 OFF	DATE TOTES AND DIE	RECITOE	3S IN 12
12.	OFFICERS AND	DELETE	13. 11 I		T	ADDITIONS/CHANGES TO OFF	[] CI		Addition
NAME			AME.			_		_	
STREET ADDRESS	THE RESERVE THE PARTY OF THE PA		1.3 \$	1.3 STREET ADDRESS					
CITY - ST - ZIP	ODESSA FL			1.4 CITY - ST - ZIP					
TITLE	D	DELETE	211				C	hange	☐ Addition
NAME	CIOTTI, ROBERT L			NAME					
STREET ADDRESS	16210 SENTRY WOODS CT. ODESSA FL 33556				ADDRESS ST-ZIP				
CITY-ST-ZIP TITLE	D	DELETE	311		31-211		□ C	hange	Addition
NAME	CLEMENT, RICHARD D		3.2 1	NAME					
STREET ADDRESS	16202 SENTRY WOODS CT.		339	STREET	ADORESS				
CITY-ST-ZIP	ODESSA FL 33556				ST - ZIP			hange	Addition
TITLE	D CTONECIEED VIIDT	DELETE	1	TITLE NAME			μı	nanye	FTT Voquitori
NAME	STONESIFER, KURT 16201 SENTRY WOODS CT.				ADORESS			_	
STREET ADDRESS	ODESSA FL 33556			CITY-S	1	100018; 	_416 	1.	
CITY-ST-ZIP TITLE	DVPS	DELETE		TITLE		****61.25	300000	nange	Addition
NAME	TURNER, ROBERT		521	NAME		### # 01.60	اس		
STREET ACORESS	16209 SENTRY WOODS CT		53	STREET	T ADDRESS				
CITY-ST-ZIP	ODESSA FL	Florier			ST-ZIP			Change	Addition
TITLE	DP HAZEN BOINGED	DELETE		THLE				manyt	L.1 Addition
NAME OVEREST ASSOCIATION	HAZEN, BRUCE D 16207 SENTRY WOODS CT.			NAMÉ Stree	T ADDRESS		_	_	- 4 -
STREET ADDRESS	ODESSA EL		0.3	OITY I	CT 7ID		5-15	5~	9600

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:

Nome L. Mayur

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR TREASURER

4/30/96 813-920-8156