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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005629 (0)**

1. Corporation Name

**PRETTY LAKE ESTATES HOA, INC.**



Principal Place of Business <b>16214 SENTRY WOODS CT. ODESSA FL 33556</b>	Mailing Address <b>16214 SENTRY WOODS CT. ODESSA FL 33556</b>
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3. Date Incorporated or Qualified

**11/15/1994**

4. FEI Number

**59-3278964**

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **DP** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **DVPS** ☐ DELETE

NAME **TURNER, ROBERT**  
STREET ADDRESS **16209 SENTRY WOODS CT**  
CITY-ST-ZIP **ODESSA FL**

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

*Thomas L. Mayer* **THOMAS L. MAYER, Treasurer**

1/12/97

813-265-3973

CR2E037 (10/97)