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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000005629

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**



2. Principal Place of Business

21 16211 Sentry Woods Ct.
Suite, Apt. #, etc.

2a. Mailing Address

26 16211 Sentry Woods Ct.
Suite, Apt. #, etc.

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

23 Odessa FL 33556
City & State

28 Odessa FL
City & State

24 33556
Zip Country

29 33556 30 Hillsborough
Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Baker, Donald J.
82 Street Address (P.O. Box Number is Not Acceptable)
16211 Sentry Woods Court
83
84 City Odessa FL 85 Zip Code 33556

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 **Donald J. Baker**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/7/99
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 DVS ☒ 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 D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE DT ☒ Change ☒ Addition
5.2 NAME BAKER, DONALD
5.3 STREET ADDRESS 16211 SENTRY WOODS COURT
5.4 CITY-ST-ZIP ODESSA, FL. 33556

6.1 TITLE DS ☐ Change ☒ Addition
6.2 NAME FERERIA, ROSALYN
6.3 STREET ADDRESS 16213 SENTRY WOODS COURT
6.4 CITY-ST-ZIP ODESSA, FL. 33556

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, with all other like empowered.

SIGNATURE: ROBERT L. CIOTTI **SIGNATURE REQUIRED** **TREASURER** **6/05/99** **813-223-7000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)