

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 # N95000000949 (6)

1. Corporation Name

PINE LAKES RESIDENTS ORGANIZATION, INC.



Principal Place of Business

**19799 FRENCHMAN'S COURT
N. FT. MYERS FL 33903**

Mailing Address

**19799 FRENCHMAN'S COURT
N. FT. MYERS FL 33903**

3. Date Incorporated or Qualified
04/01/1995

3a. Date of Last Report

2. Principal Place of Business

21 19848 GATOR CREEK COURT

2a. Mailing Address

26 19848 GATOR CREEK COURT

4. FEI Number

65-0569179

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

22

City & State

23 NO. FT. MYERS, FL

27

City & State

28 NO. FT. MYERS, FL

Zip

24 33903

Country

25 U.S.A.

Zip

29 33903

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**CARTA, STEVEN
1619 JACKSON STREET
FT. MYERS FL 33902**

10. Name and Address of New Registered Agent

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☐ Change ☐ Addition

1.2 NAME

REASIN, HUGH L.

1.3 STREET ADDRESS

19848 GATOR CREEK COURT

1.4 CITY-ST-ZIP

NO. FT. MYERS, FL 33903

2.1 TITLE

VPD

☐ Change ☐ Addition

2.2 NAME

HOOPES, WILLIAM

2.3 STREET ADDRESS

10021 BARDMOOR COURT

2.4 CITY-ST-ZIP

NO. FT. MYERS, FL 33904

3.1 TITLE

SD

☐ Change ☐ Addition

3.2 NAME

HELMES, DAVID

3.3 STREET ADDRESS

19819 FRENCHMAN'S COURT

3.4 CITY-ST-ZIP

NO. FT. MYERS, FL 33903

4.1 TITLE

TD

☐ Change ☐ Addition

4.2 NAME

DRAKE, ROBERT E.

4.3 STREET ADDRESS

19470 SADDLEBROOK COURT

4.4 CITY-ST-ZIP

NO. FT. MYERS, FL 33903

5.1 TITLE

D

☐ Change ☐ Addition

5.2 NAME

DILLINGER, RICHARD

5.3 STREET ADDRESS

10071 TURNBERRY ISLE COURT

5.4 CITY-ST-ZIP

NO. FT. MYERS, FL 33903

6.1 TITLE

D

☐ Change ☐ Addition

6.2 NAME

KEHM, JERRY

6.3 STREET ADDRESS

19746 CYPRESS WOODS COURT

6.4 CITY-ST-ZIP

NO. FT. MYERS, FL 33903

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: HUGH L. REASIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-731-1382

Daytime Phone

CR2E037 (12/95)