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FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

19848 GATOR CREEK COURT
N. FT. MYERS FL 33903
US19848 GATOR CREEK COURT
N. FT. MYERS FL 33903-8083
US3. Date Incorporated or Qualified
04/01/19953a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 9978 BARDMOOR Ct

26 9978 BARDMOOR Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 No. Ft MYERS FL

28 No. Ft MYERS FL

24 Zip 33903

Country

29 Zip 33903

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTA, STEVEN
1619 JACKSON STREET
FT. MYERS FL 33902

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REASIN, HUGH L.	
STREET ADDRESS	19848 GATOR CREEK COURT	
CITY - ST - ZIP	N FT MYERS FL	

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROTH, STANLEY J.	
1.3 STREET ADDRESS	9966 BARDMOOR Ct	
1.4 CITY - ST - ZIP	N. Ft MYERS, FL 33903	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DRAKE, ROBERT E.	
STREET ADDRESS	19470 SADDLEBROOK COURT	
CITY - ST - ZIP	N FT MYERS FL	

2.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCALISE, RICHARD S.	
2.3 STREET ADDRESS	9978 BARDMOOR Ct	
2.4 CITY - ST - ZIP	N FT MYERS FL 33903	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DILLINGER, RICHARD	
STREET ADDRESS	100071 TURNBERRY ISLE COURT	
CITY - ST - ZIP	N FT MYERS FL	

3.1 TITLE	V.P./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PENNIE, ED	
3.3 STREET ADDRESS	19781 FRENCHMAN'S Ct	
3.4 CITY - ST - ZIP	N. FT. MYERS FL - 33903	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEHM, JERRY	
STREET ADDRESS	19746 CYPRESS WOODS COURT	
CITY - ST - ZIP	N FT MYERS FL	

4.1 TITLE	V.P./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FOURNIER, DONNA	
4.3 STREET ADDRESS	10844 MEADOWS Ct	
4.4 CITY - ST - ZIP	N. FT MYERS FL - 33903	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOOPES, WILLIAM	
STREET ADDRESS	10021 BARDMOOR COURT	
CITY - ST - ZIP	NO. FT. MYERS FL 33903	

5.1 TITLE	SECRETARY/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CURLEY, BARBARA	
5.3 STREET ADDRESS	19053 MANGROVE BAY Ct.	
5.4 CITY - ST - ZIP	N. FT MYERS, FL 33903	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HELMS, DAVID	
STREET ADDRESS	19819 FRENCHMAN'S COURT	
CITY - ST - ZIP	NO. FT MYERS FL 33903	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068071

CR2E037 (9/96)