

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

Mailing Address

~~9978 BARDMOOR CT~~  
~~NO FT MYERS FL 33903~~  
~~US~~

*19391 Sun Air Ct*  
*N. Ft. Myers, FL*

~~9978 BARDMOOR CT~~  
~~NO FT MYERS FL 33903~~  
~~US~~

*19391 Sun Air Ct*  
*N. Ft. Myers, FL*

2. Principal Place of Business

2a. Mailing Address

21 *19391 Sun Air Ct*

26 *19391 Sun Air Ct*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~A. Ft. Myers, FL~~

27 *N. Ft. Myers, FL*

City & State

City & State

23 ~~9978 B~~ *N. Ft. Myers, FL*

28 *N. Ft. Myers, FL*

Zip

Country

24 *33903*

25 *LEE*

29 *33901*

30 *LEE*

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/01/1995**

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

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

**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

10. Name and Address of New Registered Agent

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 ☐ DELETE  
NAME **PD**  
STREET ADDRESS **ROTH, STANLEY J-**  
CITY-ST-ZIP **9978 BARDMOOR CT**  
**N FT MYERS FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD**  
1.3 STREET ADDRESS **Diana Sjogren**  
1.4 CITY-ST-ZIP **10951 Circle Pine Rd.**  
**N. Ft. Myers, FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **SOALISE, RICHARD**  
CITY-ST-ZIP **9978 BARDMOOR CT**  
**N FT MYERS FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Treas.**  
2.3 STREET ADDRESS **Mary B. Aderman**  
2.4 CITY-ST-ZIP **19391 Sun Air Ct.**  
**N. Ft. Myers, FL**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **PENNING, ED**  
CITY-ST-ZIP **40781 FRENCHMAN CT**  
**N FT MYERS FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VPD**  
3.3 STREET ADDRESS **Roth, Stanley J**  
3.4 CITY-ST-ZIP **9966 Bardmoor Ct.**  
**N. Ft. Myers, FL**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **FOURNIER DONNA**  
CITY-ST-ZIP **10944 MEADOWS CT**  
**N FT MYERS FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **VPD**  
4.3 STREET ADDRESS **Robert Drake**  
4.4 CITY-ST-ZIP **19470 Saddlebrook Ct.**  
**N. Ft. Myers, FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **OURLEY BARBARA**  
CITY-ST-ZIP **10053 MANGROVE BAY CT**  
**NO FT MYERS FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **SD**  
5.3 STREET ADDRESS **Jenmaine Troiano**  
5.4 CITY-ST-ZIP **19419 Saddlebrook Ct.**  
**N. Ft. Myers, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Mary B. Aderman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Mary B. Aderman)* 7-10-98  
Date Daytime Phone #

FILED  
Jul 22 1998 8:00am  
Secretary of State



CR2E037 (5/98)