

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90096 048 ****61.25

DOCUMENT # N95000000949

1. Corporation Name

PINE LAKES RESIDENTS ORGANIZATION, INC.

271665 - 90096 - 48

Principal Place of Business

19391 SUN AIR COURT
N FT MYERS FL 33903
US

Mailing Address

19391 SUN AIR COURT
N FT MYERS FL 33903
US



2. Principal Place of Business

21 19800 FRENCHMANS CL
Suite, Apt. #, etc.

22 City & State
23 NO FT MYERS FL

24 Zip 23903 25 Country US

2a. Mailing Address

26 19800 FRENCHMANS CL
Suite, Apt. #, etc.

27 City & State
28 NO FT MYERS FL

29 Zip 23903 30 Country US

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

\$5.00 May Be
Added to Fees

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SJOGREN, DIANA
STREET ADDRESS 10951 CIRCLE PINE ROAD
CITY-ST-ZIP N FT MYERS FL

TITLE ☒ DELETE

NAME ADERMAN, MARY B
STREET ADDRESS 19391 SUN AIR CT
CITY-ST-ZIP N FT MYERS FL

TITLE ☒ DELETE

NAME ROTH, STANLEY J
STREET ADDRESS 9966 BARDMOOR CT
CITY-ST-ZIP N FT MYERS FL

TITLE ☒ DELETE

NAME DRAKE, ROBERT
STREET ADDRESS 19470 SADDLEBROOK CT
CITY-ST-ZIP N FT MYERS FL

TITLE ☒ DELETE

NAME TROIANO, JERMAINE
STREET ADDRESS 19419 SADDLEBROOK CT
CITY-ST-ZIP NO. FT. MYERS FL

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 ~~DIANE~~ VARGA, Julie
1.3 STREET ADDRESS 19808 FRENCHMANS CL
1.4 CITY-ST-ZIP NO FT MYERS FL 33903

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME SJOGREN, DIANA
3.3 STREET ADDRESS 10951 CIRCLE PINE RD
3.4 CITY-ST-ZIP NO FT MYERS 33903

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME T Dwyer Paul
6.3 STREET ADDRESS 19800 FRENCHMANS CL
6.4 CITY-ST-ZIP NO FT MYERS FL 33903

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)