

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90258 015 ****61.25

DOCUMENT # **N96000006586**

1. Corporation Name

PINE LAKES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business
153 NORTHSIDE DRIVE SOUTH
JACKSONVILLE FL 32218

Mailing Address
153 NORTHSIDE DRIVE SOUTH
JACKSONVILLE FL 32218



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/27/1996

4. FEI Number
59-3432021

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

9. Name and Address of Current Registered Agent

SIMON, BERT C
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE FL 32207

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 remitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME DURBANO, NICHOLAS D
STREET ADDRESS 153 NORTHSIDE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE STD ☒ DELETE
NAME DURBANO, CONNIE O
STREET ADDRESS 153 NORTHSIDE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☒ DELETE
NAME MOSELEY, ROSE
STREET ADDRESS 153 NORTHSIDE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 Lee Crowe
1.3 STREET ADDRESS 11 Northside Drive. S. Unit 302
1.4 CITY-ST-ZIP Jacksonville, FL. 32218

2.1 TITLE VPP ☐ Change ☒ Addition
2.2 NAME Becky Robinson
2.3 STREET ADDRESS 11 Northside Drive S. Unit 102
2.4 CITY-ST-ZIP Jacksonville, FL. 32218

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Nicholas D. Durbano
3.3 STREET ADDRESS 153 Northside Drive S.
3.4 CITY-ST-ZIP Jacksonville, FL. 32218

4.1 TITLE VID ☐ Change ☒ Addition
4.2 NAME Marian Lashley
4.3 STREET ADDRESS 11 Northside Drive S. Unit 404
4.4 CITY-ST-ZIP Jacksonville, FL. 32218

5.1 TITLE SD ☐ Change ☒ Addition
5.2 NAME Cathy West
5.3 STREET ADDRESS 11 Northside Drive S. Unit 201
5.4 CITY-ST-ZIP Jacksonville, FL. 32218

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)