

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

538697⁰ - 90258 - ⁹15 7 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-343201	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

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	85 Zip Code
	FL

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 _____ (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	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURBANO, NICHOLAS D	1.2 NAME	Lee Crowe
STREET ADDRESS	153 NORTHSIDE DRIVE SOUTH	1.3 STREET ADDRESS	11 Northside Drive. S. Unit 302
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32218
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURBANO, CONNIE O	2.2 NAME	Becky Robinson
STREET ADDRESS	153 NORTHSIDE DRIVE SOUTH	2.3 STREET ADDRESS	11 Northside Drive S. Unit 102
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32218
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSELEY, ROSE	3.2 NAME	Nicholas D. Durban
STREET ADDRESS	153 NORTHSIDE DRIVE SOUTH	3.3 STREET ADDRESS	153Northside Drive S.
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	Jacksonville, Fl. 32218
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Marian Lashley
STREET ADDRESS		4.3 STREET ADDRESS	11Northside Drive S. Unit 404
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, Fl. 32218
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Cathy West
STREET ADDRESS		5.3 STREET ADDRESS	11Northside Drive S. Unit 201
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, Fl. 32218
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 5/11/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)