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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000006474

1. Corporation Name

**PINE LAKES HOMEOWNERS AND RESIDENTS ASSOCIATION
 - WELLINGTON AREA, INC.**

Principal Place of Business

P.O. BOX 354886
 PALM COAST FL 32135

Mailing Address

P.O. BOX 354886
 PALM COAST FL 32135



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/14/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3504009

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCALLAN, EUGENE
 39 WEBER LANE
 PALM COAST FL 32164**

81 Name

DEMING, BURR

82 Street Address (P.O. Box Number is Not Acceptable)

79 WEBSTER LANE

83

84 City

PALM COAST

FL

85 Zip Code

32164

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

Burr A Deming V.P.

April 30, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P JONES, LORNA D**
 STREET ADDRESS **40 WEBER LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☒ DELETE

NAME **VP MCCALLAN, EUGENE**
 STREET ADDRESS **39 WEBER LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☒ DELETE

NAME **T MCCALLAN, JANE**
 STREET ADDRESS **39 WEBSTER LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☒ DELETE

NAME **S LUTTER, NITA**
 STREET ADDRESS **43 WEYMOUTH LN**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☐ DELETE

NAME **D DERING, BURR**
 STREET ADDRESS **79 WEBSTER LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☒ DELETE

NAME **D BURCHARDT, HELEN**
 STREET ADDRESS **17 WEBLO LN**
 CITY-ST-ZIP **PALM COAST FL 32164**

1.1 TITLE

DIRECTOR

☐ Change

☒ Addition

1.2 NAME

TOM LINNEN

1.3 STREET ADDRESS

191 WELLINGTON DR

1.4 CITY-ST-ZIP

PALM COAST FL 32164

2.1 TITLE

MEMBERSHIP

☒ Change

☒ Addition

2.2 NAME

RUTH BRUBAKER

2.3 STREET ADDRESS

27 WEBB LANE

2.4 CITY-ST-ZIP

PALM COAST FL 32164

3.1 TITLE

TREASURER

☒ Change

☒ Addition

3.2 NAME

IAENE BLAIR

3.3 STREET ADDRESS

77 WEBSTER LANE

3.4 CITY-ST-ZIP

PALM COAST FL 32164

4.1 TITLE

ATTN SECRETARY

☒ Change

☒ Addition

4.2 NAME

ALICE CALLAHAN

4.3 STREET ADDRESS

68 WEDGEWOOD LN

4.4 CITY-ST-ZIP

PALM COAST FL 32164

5.1 TITLE

V.P.

☒ Change

☐ Addition

5.2 NAME

DEMING, BURR

5.3 STREET ADDRESS

79 WEBSTER LANE

5.4 CITY-ST-ZIP

PALM COAST FL 32164

6.1 TITLE

DIRECTOR

☒ Change

☒ Addition

6.2 NAME

ALBERT MAY

6.3 STREET ADDRESS

51 VILLAGE CIRCLE

6.4 CITY-ST-ZIP

PALM COAST FL 32164

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: *Burr A Deming*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1999 904-446-7010
 Date Daytime Phone #

CR2E037 (11/98)