FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770106 (3)

1. Corporation Name

THE LAKES OF PINE RUN CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
100 LIMEWOOD PL ORMOND BEACH FL 32174	100 LIMEWOOD PL ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1983
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2421866 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARRIS, MONA F
84 SO BEACH STR
STE 207
ORMOND BCH FL 32174

10. Name and Address of New Registered Agent

61 Name: Mona F. Harris
62 Street Address (P.O. Box Number is Not Acceptable): 140-2 Limewood Place
63
64 City: Ormond Beach FL 65 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWELL, KATHLEEN	1.2 NAME		
STREET ADDRESS	240-1 ORANGE GROVE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SEHNELL, GEORGE	2.2 NAME		
STREET ADDRESS	200-6 LEMON TREE LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	AMUZZINI, JOHN R	3.2 NAME		
STREET ADDRESS	140-5 LIMEWOOD PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	MADOLE, ROBERT	4.2 NAME	Mary W. Johnson	
STREET ADDRESS	251-2 ORANGE GROVE	4.3 STREET ADDRESS	160-5 Limewood Place	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	NASSIDA, ANTHONY W	5.2 NAME		
STREET ADDRESS	150-5 LIMEWOOD PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John R. Amuzzini 2-22-96 904-673-7907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John R. Amuzzini

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