

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **09/02/1983** 3a. Date of Last Report **03/02/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**HARRIS, MONA F
140-2 LIMEWOOD PL
ORMOND BCH FL 32174**

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	TD	<input type="checkbox"/> DELETE
NAME	DOWELL, KATHLEEN	
STREET ADDRESS	240-1 ORANGE GROVE DR	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEHNELL, GEORGE	
STREET ADDRESS	200-6 LEMON TREE LN	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMUZZINI, JOHN R	
STREET ADDRESS	140-5 LIMEWOOD PL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MARY W.	
STREET ADDRESS	160-5 LIMEWOOD PL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NASSIDA, ANTHONY W	
STREET ADDRESS	150-5 LIMEWOOD PL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schnell, George (correction)	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William Sockwell	
4.3 STREET ADDRESS	250-5 Orange Grove Dr.	
4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Alpaugh	
5.3 STREET ADDRESS	150-4 Limewood Place	
5.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 15, 1996 (904) 673-7907

Date

Daytime Phone #

CR2E037 (12/95)