Secretary of State

AMOUNT DUE ON R BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROPIT CORPORATION ANNUAL REPORT

1998



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORDORATIONS

DOCUMENT # 770106

(3)

THE LAKES OF PINE RUN CONDOMINIUM ASSOCIATION. I NC. Principal Place of Business Mailing Address

100 LIMEWOOD PL ORMOND BEACH FL 32174

2. Principal Place of Business

Suite, Apt. #, etc.

HARRIS, MONA F

140-2 LIMEWOOD PL

ORMOND BCH FL 32174

City & State

21

22

23

24

Zip

2a. Mailing Address

City & State

26

27

28

29

Zip

Sulte, Apt. #, etc.

100 LIMEWOOD PL ORMOND BEACH FL 32174

3. Date incorporated or Qualified 09/02/1983 4. FEI Number

59-2421866 5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

7. Is this nonprofit corporation a homeowners association?

B. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes No

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

Kester Street Address (P.O. Box Number is Not Acceptable) 82 83

City Ormand	Beach

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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.

Country

81

84

30

SIGNATURE CALLEY NESSON Signature, typed or printed name of registered agent and title if applicable	Wo	cla
Signature, typed or printed name of registered agent and tille if applicab	ile.	(N
		,

9. Name and Address of Current Registered Agent

Country

estor

	OFFICEON AND DIDECTORS (ADDITIONOGO AND DESCRIPTION AND DESCRIPTION OF AND
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S DELETE	1.1 TITLE Change Addition
NAME	DOWELL, KATHLEEN	12 NAME JUSEPH GRAVES
STREET ADDRESS	240-1 ORANGE GROVE DR	13 STREET ADDRESS 120-6 Limewood- PL
CITY-ST-ZIP	ORMOND BCH FL	14 CITYSTZIP Ormand Beach, FL 32174
TITLE	VD DELETE	2.1 TITLE Change Addition
NAME	SCHNELL, GEORGE	2.2 NAME Waster Kester 2.3 STREET ADDRESS 190-1 Linewood PL
STREET ADDRESS	200-6 LEMON TREE LN	23 STREET ADDRESS 190-1 Linewood PL
	ORMOND BCH FL	LAUTION DISTINGA CRACK FC 33114
TITLE	PD DELETE	3.1 TiTLE 3.2 NAME Johanna McCaffrey 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP' Ormand Beach, FL 32114
NAME	AMUZZINI, JOHN R	32 NAME Johanna McCaffrey
STREET ADDRESS	140-5 LIMEWOOD PL	33 STREET ADDRESS 210-8 Lemon Tree LN
CITY-ST-ZIP	ORMOND BEACH FL	34 CITYSTZIP Ormand Beach, FL 32114
TITLE	DELETE	4.1 TITLE Change Addition
NAME	SOCKWELL, WILLIAM	4.2 NAME
STREET ADDRESS	250-5 ORANG GROVE DRIVE	4.9 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP
TITLE	DELETE	5.1 TITLE Change Addition
	ALPAUGH, WILLIAM	5,2 NAME
STREET ADDRESS	150-4 LIMEWOOD PLACE	6,3 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH FL	\$.4 CITY-ST-ZIP
TITLE	DELETE	6.1 TITLE Change Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR