

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90188 003 ****61.25

DOCUMENT # 770106

1. Corporation Name

THE LAKES OF PINE RUN CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

100 LIMWOOD PL
ORMOND BEACH FL 32174

Mailing Address

100 LIMWOOD PL
ORMOND BEACH FL 32174



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/02/1983

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

9. Name and Address of Current Registered Agent

KESTER, WALTER
190-1 LIMWOOD PLACE
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 PD
NAME GRAVES, JOSEPH
STREET ADDRESS 120-6 LIMWOOD PL
CITY-ST-ZIP ORMOND BCH FL 32174 ☒ DELETE

TITLE VPD
NAME KESTER, WALTER
STREET ADDRESS 190-1 LIMWOOD PL
CITY-ST-ZIP ORMOND BCH FL 32174 ☐ DELETE

TITLE TD
NAME MCCAFFREY, JOHANNA
STREET ADDRESS 210-8 LEMON TREE LN
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Richard Kessler
1.3 STREET ADDRESS 120-4 Limewood Pl
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE VPD ☐ Change ☐ Addition
2.2 NAME Walter, Kester
2.3 STREET ADDRESS 190-1 Limewood Pl.
2.4 CITY-ST-ZIP Ormond Beach, FL 32174

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Alice Miller
3.3 STREET ADDRESS 210-9 Lemon Tree Dr.
3.4 CITY-ST-ZIP Ormond Beach, FL 32174

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Mona Harris
4.3 STREET ADDRESS 146-2 Limewood Pl.
4.4 CITY-ST-ZIP Ormond Beach, FL 32174

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Deborah Brown
5.3 STREET ADDRESS 201-2 Orange Wood
5.4 CITY-ST-ZIP Ormond Beach, FL 32174

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/99
Date

Daytime Phone #

CR2E037 (11/98)