

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770106

1. Entity Name

THE LAKES OF PINE RUN CONDOMINIUM ASSOCIATION, I

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90071 016 \*\*\*\*61.25

Principal Place of Business

100 LIMWOOD PL  
 ORMOND BEACH FL 32174

Mailing Address

100 LIMWOOD PL  
 ORMOND BEACH FL 32174-2645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2421866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KESTER, WALTER  
 190-1 LIMWOOD PLACE  
 ORMOND BCH FL 32174

7. Name and Address of New Registered Agent

Name Walter Kester (same)  
 Street Address (P.O. Box Number is Not Acceptable)  
190-1 Lime Wood Pl.  
 City Ormond Beach FL 32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Walter F. Kester, V.P.

5/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, RICHARD	
STREET ADDRESS	120-4 LIMWOOD PL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KESTER, WALTER	
STREET ADDRESS	190-1 LIMWOOD PL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALTER, HESTER	
STREET ADDRESS	190-1 LIMWOOD PL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, MONA	
STREET ADDRESS	140-2 LIMWOOD DR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DEBORAH	
STREET ADDRESS	201-2 ORANGE WOOD	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schmidt, Tom	
STREET ADDRESS	220 Lemon Tree Ln.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kester, Walter	
STREET ADDRESS	190-1 Lime Wood Pl	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Mast	
STREET ADDRESS	3 Tides Fall Dr.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Gribbin	
STREET ADDRESS	235-1 Orange Grove Dr.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Schnell	
STREET ADDRESS	200-6 Lemon Tree Ln.	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter F. Kester  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
 Date

904-622-1017  
 Daytime Phone #

CR2E037 (9/99)