

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90008 018 ****61.25

DOCUMENT # 770106

1. Entity Name

**THE LAKES OF PINE RUN CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**100 LIMWOOD PL
 ORMOND BEACH FL 32174**

**100 LIMWOOD PL
 ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2421866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Michele Walker**

Street Address (P.O. Box Number is not acceptable) **595 W. Granada Blvd., Suite A**

City **Ormond Beach**

FL

Zip Code **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

Michele Walker

Michele Walker

4-25-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **BOWLING, ROBERT**
 STREET ADDRESS **110 LIMWOOD PL**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **P** ☒ Change ☐ Addition
 NAME **MICHELE WALKER**
 STREET ADDRESS **240-2 ORANGE GROVE DR**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **VP** ☒ Delete
 NAME **KESTER, WALTER**
 STREET ADDRESS **190-1 LIMWOOD PL**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **VP** ☐ Change ☐ Addition
 NAME **MONA HARRIS**
 STREET ADDRESS **140-2 LIMWOOD PL**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **S** ☒ Delete
 NAME **POULTON, LARRY**
 STREET ADDRESS **160-4 LIMWOOD PL**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **S** ☐ Change ☐ Addition
 NAME **SANDRA HARDWICK**
 STREET ADDRESS **180-3 LIMWOOD PL**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **T** ☐ Delete
 NAME **GRIFFIN, ELIZABETH**
 STREET ADDRESS **230-1 ORANGE GROVE DR.**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **P** ☐ Change ☐ Addition
 NAME **ROBERT MCCARTHY**
 STREET ADDRESS **251-10 ORANGE GROVE DR.**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☒ Delete
 NAME **SCHNELL, GEORGE**
 STREET ADDRESS **200-6 LEMON TREE LN.**
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Sandra Hardwick* **4/25/02 6737907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)