2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 770106

1. Entity Name
THE LAKES OF PINE RUN CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 LIMEWOOD PL ORMOND BEACH, FL 32174	100 LIMEWOOD PL ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

04292008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2421866	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6.- Name and Address of Current Registered Agent

TOM, SCHMIDT
220-3 LEMON TREE LANE
ORMOND BEACH, FL 32174

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SCHMIDT, TOM
STREET ADDRESS	220-3 LEMON TREE LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VP
NAME	HARRIS, MONA
STREET ADDRESS	140-2 LIMEWOOD PLACE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TRES
NAME	RITTER, ANDY
STREET ADDRESS	201-8 ORANGE GROVE DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	DIR
NAME	LAWSON, CLYDE II
STREET ADDRESS	110-2 LIMEWOOD PL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #