

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

0000895

DOCUMENT # 770106

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



02-17-2003 90201 008 ****61.25
07-14-2003 90351 006 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**WALKER, MICHELE
595 W GRANDA BLVD
SUITE A
ORMOND BCH FL 32174**

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003; min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WALKER, MICHELE
240-2 ORANGE GROVE DR
ORMOND BEACH FL 32174** ☐ Delete

TITLE **PRES**
NAME
STREET ADDRESS
CITY-ST-ZIP
**DENNIS RICHARDS
170-1 LIMWOOD PL
ORMOND BCH FL 32174** ☐ Change ☒ Addition **PRESIDENT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HARRIS, MONA
140-2 LIMWOOD PL
ORMOND BCH FL 32174** ☒ Delete

TITLE **V**
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRES
MICHELE WALKER
240-2 ORANGE GROVE
ORMOND BCH FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HARDNICKE, SANDRA
180-7 LIMWOOD PL
ORMOND BEACH FL 32174** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**I
GRIBBIN, ELIZABETH
230-1 ORANGE GROVE DR.
ORMOND BCH FL 32174** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCARTHY, ROBERT
251-10 ORANGE GROVE DR
ORMOND BCH FL 32174** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

DUPLICATE REQUIRED

DENNIS RICHARDS

7/14/03

316 673-7907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)