

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00400 (4)

1. Corporation Name

VILLAGE OF PINE RUN UTILITY CORPORATION

Principal Place of Business

Mailing Address

100 LIMWOOD PLACE
ORMOND BCH. FL 32174
US

100 LIMWOOD PLACE
ORMOND BCH. FL 32174
US

3. Date Incorporated or Qualified

12/16/1983

4. FEI Number

59-2443262

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, MONA F
140-S LIMWOOD PL
ORMOND BCH FL 32174

81 Name

WALTER KESTER

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

190-1 LIMWOOD PLACE

83

84

City ORMOND BEACH

FL

85

Zip Code 32174

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 WALTER KESTER

Walter Kester

7-20-98

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	S	<input checked="" type="checkbox"/> DELETE
NAME	DOWELL, KATHLEEN	
STREET ADDRESS	240-1 ORANGE GROVE DR	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNELL, GEORGE L	
STREET ADDRESS	200-8 LEMON TREE LN	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AMUZZINI, JOHN R	
STREET ADDRESS	140-5 LIMWOOD PLACE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOCKWELL, WILLIAM	
STREET ADDRESS	250-5 ORANGE GROVE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALPAUGH, WILLIAM	
STREET ADDRESS	150-4 LIMWOOD PLACE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH GRAVES	
1.3 STREET ADDRESS	120-6 LIMWOOD PL	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALTER KESTER	
2.3 STREET ADDRESS	190-1 LIMWOOD PL	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHANNA McCaffrey	
3.3 STREET ADDRESS	210-8 LEMON TREE LANE	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Walter Kester

7/20/98

904)673-7907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)