NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N00400 1. Corporation Name

VILLAGE OF PINE RUN UTILITY CORPORATION

| Principal Place of Business |
|-----------------------------|
| 100 LIMEWOOD PLACE |
| ORMOND BCH. FL 32174 |
| HC |

2. Principal Place of Business

Mailing Address 100 LIMEWOOD PLACE ORMOND BCH. FL 32174

2a. Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90188 004 ****61.25



3. Date Incorporated or Qualifed

12/16/1083

| Suite, Apt 8, etc. Suite, Apt 8, etc. Suite, Apt 8, etc. Suite, Apt 8, etc. Sp. 2443262 Not Applicable 20 | 21 | | 26 | | | | | | 12/10/1905 | | | |
|--|----------------|---|---------------|----------------------|----------------|---------|-----------------|---|------------------------------------|--------------|------------------|---------------------|
| City & State 23 28 29 20 20 30 5. Certificate of Status Desired \$8.75 Additional Fee Required 27p | | #, etc. | Su | ite, Apt. #, etc. | - | | | - 4 | | | Apı | olied For |
| Secretificate of Status Desired Section Company Francis Section Secretificate Section Secretificate Section Secretificate Section | 22 | | 27 | | | | | | 59-2443262 | | Not | Applicable |
| Zip Country Zip Country Zip Country S. Election Campaign Financing S.5.00 May Be Zis | City & State | • | Cit | ty & State | | | | , | Certificate of Status Desired | П | | |
| Zip | 23 | 28 | | | | | | | - Certificate of States 2001100 | | Fee Re | quired |
| 25 29 30 Trust Fund Contribution Added to Fees | | Country Zip | | | | Country | | | . Election Campaign Financing | | \$5.00 | May Be |
| KESTER, WALTER 190-1 LIMEWOOD PLACE ORMOND BCH FL 32174 190-1 LIMEWOOD PL 10-1 Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes. The abover-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0503, Florida Statutes. 190-1 Limewood Provisions of Sections 617,0502 and 617,1508, Florida Statutes. 190-1 Limewood Provisions of Sections 617,0503, Florida Statutes. 190-1 Limewood Provisions of registered specific and or registered corporations board of directors. I hereby accept the appointment as registered specific and or registered corporations board of directors. I hereby accept the appointment as registered specific and or registered corporations board of directors. I hereby accept the appointment as registered specific and or registered corporations board of directors. I hereby accept the appointment as registered specific and or registered corporations board of directors. I hereby accept the appointment as registered specific and or registered corporations board of directors. I hereby accept the appointment as registered specific and or registered corporations board of directors. I hereby accept the appointment as registered specific and registered corporations board of directors. I hereby accept the appointment as registered specific and registered corporations board of directors. I hereby accept the appointment as registered provises and registered corporations board of directors. I hereby accept the appointment as registered provises and registered corporations board of director | 24 | 25 | 29 | | 30 | | | | | | | o Fees |
| KESTER, WALTER 190-1 LIMEWOOD PLACE ORMOND BCH FL 32174 A | | 9. Name and Address of Current | Registere | d Agent | | | | 10 | D. Name and Address of New I | Registered | Agent | |
| 190-1 LIMEWOOD PLACE ORMOND BCH FL 32174 1.1 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 agent. I am familiar with, and accept the obligations of Sections 617.0502 florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with. In the Statute of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an accept the obligation of Section 617.0503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered and familiar and familiar and familiar with a special profession of Section 617.0503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered and familiar with a purpose of changing its registered and familiar profession. In the Section's Section 617.0503. Florida Statutes, the above-named corporation shoot directors. I hereby accept the appointment as registered and familiar profession. In the Corporation of Change and Additional Section of Change and Additional Se | | | | |]; | 81 | Name | | | | | |
| 190-1 LIMEWOOD PLACE ORMOND BCH FL 32174 1.1 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 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, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered and familiar with a famil | REGIED A | NAI TED | | | - h | 82 | Street Add | Address (P.O. Roy Number is Not Acceptable) | | | | |
| STREET ADDRESS 10 LIMEWOOD PL CTY-ST-ZP ORMOND BCH, FL 0000 32174 TD DELETE STREET ADDRESS 10 LIMEWOOD PL CTY-ST-ZP ORMOND BCH, FL 00000 32174 TD DELETE STREET ADDRESS 10 LIMEWOOD PL CTY-ST-ZP ORMOND BCH, FL 00000 32174 DELETE STREET ADDRESS 10 LIMEWOOD PL CTY-ST-ZP ORMOND BCH, FL 00000 32174 DELETE STREET ADDRESS 10 LIMEWOOD PL CTY-ST-ZP ORMOND BCH, FL 00000 32174 DELETE STREET ADDRESS 10 LIMEWOOD PL CTY-ST-ZP ORMOND BCH, FL 00000 32174 DELETE STREET ADDRESS 10 LIMEWOOD PL CTY-ST-ZP ORMOND BCH, FL 00000 32174 CTY-ST-ZP ORMOND BCH, FL 000000 32174 CTY-ST-ZP ORMOND BCH, FL 000000 32174 CTY-S | | | | | | 1 | 00017101 | uu. 000 | | | | |
| Section Sect | | | | | 1 | 83 | | | | | | |
| TILE UPD ORMOND BCH, FL 00000 32174 TILE UPD ORMOND BCH, FL 000000 32174 TILE UPD ORMOND BCH, FL 00000 32174 TILE UPD O | OHMOND | DOT PL 321/4 | | | L | | 200 | | | | 0.5 7in (| `odo |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent and agent that displaced agent and start applicable. SIGNATURE Signature Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 GRAVES, JOSEPH STREET ADDRESS TITLE PD GRAVES, JOSEPH STREET ADDRESS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 GRAVES, JOSEPH 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 GRAVES, JOSEPH 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN | | | | | I, | 84 | City | | | FI | 85 ZIP C | ,od e |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent and agent that displaced agent and start applicable. SIGNATURE Signature Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 GRAVES, JOSEPH STREET ADDRESS TITLE PD GRAVES, JOSEPH STREET ADDRESS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 GRAVES, JOSEPH 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 GRAVES, JOSEPH 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN | 11 Durguant t | to the provisions of Sections 617 0502 | and 617 1 | 1508 Florida Statute | es the ab | ove- | -named co | orporati | on submits this statement for the | purpose of | changing its | registered |
| SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD GRAVES, JOSEPH STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RICHARD BCH. FL. 00000 32174 TILE PD GRAVES, JOSEPH STREET ADDRESS 190-1 LIMEWOOD PL 21 TITLE PD GRAVES, JOSEPH 14 CITY-ST-ZP ORMOND BCH. FL. 00000 32174 TILE PD GRAVES, JOSEPH STREET ADDRESS 190-1 LIMEWOOD PL 23 STREET ADDRESS 190-1 LIMEWOOD PL 23 STREET ADDRESS 190-1 LIMEWOOD PL 24 CITY-ST-ZP ORMOND BCH. FL. 00000 32174 TITLE TD DELETE 10 DELETE 31 TITLE 10 DELETE 41 TITLE | office or re | egistered agent, or both, in the State o | f Florida. S | Such change was a | utnonzed | DV (| he corpora | ation's | board of directors. I hereby acce | pt the appo | intment as reg | gistered |
| Signature, typed or printed range of registered agent larget the preferent agent tagerhase required when interlations Direct Tors 13. | agent. 1 ar | m familiar with, and accept the obligati | ons of, Se | ction 617.0503, Flo | nda Statu | tes. | | | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD RChange Addit ORAVES, JOSEPH 11 TITLE PD RChange Addit ORAVES, JOSEPH 12 TITLE PD RChange Addit ORAVES, JOSEPH 13 STREET ADDRESS V.Zo. 4 1/ Inequal of Pl. ORAVES, JOSEPH 13 JOSEPH 14 1/ Inequal of Pl. ORAVES, JOSEPH 14 JOSEPH 14 1/ Inequal of Pl. ORAVES, JOSEPH 14 JOSEPH 14 JOSEPH 14 JOSEPH 14 JOSEPH 1 | SIGNATURE | | | liantia (NOTE | - Decistered A | \next | signature requi | udred whe | n reinstation) | DATE | | |
| TITLE PD STREET ADDRESS GRAVES, JOSEPH 12 NAME 12 NAME 13 STREET ADDRESS 120-6 LIMEWOOD PL 13 STREET ADDRESS 120-6 LIMEWOOD PL 13 STREET ADDRESS 120-7 LIMEWOOD PL 13 STREET ADDRESS 120-7 LIMEWOOD PL 13 STREET ADDRESS 120-7 LIMEWOOD PL 14 STREET ADDRESS 120-1 LIMEWOOD PL 15 STREET ADDRESS 15 | | | | | | -Non-K | agnature requi | | ADDITIONS/CHANGES TO OF | | ND DIRECTO | RS IN 12 |
| GRAVES, JOSEPH STREETADDRESS 120-6 LIMEWOOD PL OTYST-ZP ORMOND BCH, FL, 00000 32174 TITLE UPD DELETE TITLE TD ORMOND BCH, FL 00000 32174 TITLE TD ORMOND BCH, FL 00000 32174 TITLE TD ORMOND BCH, FL 00000 32174 TITLE TD DELETE TITLE TD ORMOND BCH, FL 00000 32174 TITLE TD DELETE TITLE TD ORMOND BCH, FL 00000 32174 TITLE TD DELETE TITLE TD ORMOND BCH FL 32174 TITLE | | | , DIRLOT | | 1177 | F | P | 2 <u>n</u> | | | | ☐ Addition |
| STREET ADDRESS 1206 LIMEWOOD PL ORMOND BCH, FL 00000 32174 TITLE VPD WESTER, WALTER STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP ORMOND BCH, FL 00000 32174 TITLE TD DELETE TD MCCAFFREY, JOHANNA STREET ADDRESS CITY-ST-ZP ORMOND BCH, FL 00000 32174 TITLE TD DELETE STREET ADDRESS CITY-ST-ZP ORMOND BCH, FL 00000 32174 TITLE TD DELETE STREET ADDRESS CITY-ST-ZP ORMOND BCH FL 32174 TITLE DELETE STREET ADDRESS CITY-ST-ZP ORMOND BCH FL 32174 TITLE DELETE STREET ADDRESS CITY-ST-ZP ORMOND BCH FL 32174 DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE DELETE STREET ADDRESS | | · | | | 1 | | | | ard. Kessler | | | |
| CITY-ST-ZIP ORMOND BCH, FL 00000 32174 TITLE WPD NAME KESTER, WALTER STREET ADDRESS 190-1 LIMEWOOD PL ORMOND BCH, FL 00000 32174 TITLE TD ORMOND BCH, FL 00000 32174 TITLE TD ORMOND BCH, FL 00000 32174 TITLE MCCAFFREY, JOHANNA SITREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 32174 TITLE ORMOND BCH FL 32 | | • | | | | | ADODESS 1.7: | いてい | d by many of Pl | | | |
| TITLE VPD DELETE 21 TITLE VPD Walter Sester Addition Walter Sester Walter | i | | | | | | AUUNESS IV | 00-1 | 7 NINEWOOD IT | 2217 | L | |
| TITLE WALTER STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE TD NAME NAME STREET ADDRESS STRE | | | <u> </u> | □ DELETE | | | | | , | 5/1/ | C 1 Change | ☐ Addition |
| ORMOND BCH, FL 00000 32174 CITY-ST-ZIP | | | | L. DELETE | 1 | | | 1.10 | terkester a | | | |
| ORMOND BCH, FL 00000 32174 CITY-ST-ZIP | NAME | | | | I | | 1 | 190- | 1 Limewood 11 | | | |
| TITLE TD DELETE 3.1 TITLE 3.5 D. Change Addition of the property of the proper | STREET ADDRESS | | | | | | | | | 2/74 | | |
| MCCAFFREY, JOHANNA STREET ADDRESS 210-8 LEMON TREE LANE CITY-ST-ZIP ORMOND BCH FL 32174 DELETE DELETE A1TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELE | CITY-ST-ZIP | ORMOND BCH, FL 00000 32174 | <u> </u> | C No. | _ | | | | one wearn it! | | Change | Q Addition |
| STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 32174 DELETE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP OF MO N d. Beach, Fl, 32/74 Change Addition ASTREET ADDRESS CITY-ST-ZIP DELETE 1.1 TITLE DELETE ALT TITLE DELETE ALT TITLE DELETE ALT TITLE DELETE DELETE STREET ADDRESS | TITLE | • | | ☐ DELETE | | | 3 | Σ_{ν} | · · hillor | | _] Change | A Producti |
| OFMOND BCH FL 32174 34. CITY-ST-ZIP OF MOND BCH FL 32174 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP OF MOND BCH FL 32174 1. TITLE NAME A.STREET ADDRESS CITY-ST-ZIP OF MOND BCH FL 32174 1. TITLE De bota h Brown A.STREET ADDRESS A.STREET ADDRESS OF MOND BCH FL 32174 Change Addition Change Addition Change Addition Change Addition TO TO TO TO TO TO TO TO TO T | NAME | | | | | | | HIL | a Tree | >r | | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME A.3 STREET ADDRESS A.4 CITY-ST-ZIP DELETE DELETE DELETE A.4 CITY-ST-ZIP TO Change Addition Change Chan | STREET ADDRESS | 210-8 LEMON TREE LANE | | | 3.3 STF | REET. | ADDRESS 6 | 210 | -4 NEYMON I. | 22 | - : | |
| AL 2 NAME STREET ADDRESS 4.2 NAME 4.2 NAME A.3 STREET ADDRESS ACITY-ST-ZIP DELETE DELETE DELETE ACITY-ST-ZIP DELETE | CITY-ST-ZIP | ORMOND BCH FL 32174 | | | 3.4. CIT | Y-ST | -zip 🖒 | <u>26 m</u> | and Beach, Fl | 27/ | 14 | 4 1 00 |
| STREET ADDRESS CITY-ST-ZIP . 4.4 CITY-ST-ZIP . 1TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . 1 DELETE . 1 TITLE . 1 TD . 1 Change . 2 Additional Control C | TITLE | • | | ☐ DELETE | 4.1 TITU | .E | [_0 | \mathcal{O} | (D mm 2 | | Change | SOL Addition |
| STREET ADDRESS CITY-ST-ZIP . 4.4 CITY-ST-ZIP OF MONL BOACH, F. 32/74 TITLE NAME STREET ADDRESS | NAME | | | | 4. 2 NA | МE | 1,5 | De bo | rah brown | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME Mora Harris 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST ZIP Change Additional Contents Change Additional Change A | STREET ADDRESS | | | | 4.3 STF | REET | address 2 | 261- | 2 crange trove | | <u>_</u> | |
| TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS SACTIV-ST-ZIP DELETE STREET ADDRESS SACTIVE STREET ADDRESS SACTIVE STREET ADDRESS SACTIVE STREET ADDRESS SACTIVE | CITY-ST-ZIP | | • | | 4.4 CT | Y-ST | -ZIP C | Orn | nord Beach, Fl | 3217 | | |
| STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP OV MOND Deach, F1. 3 2+74 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST ZIP | | | | ☐ DELETE | 5.1 TITL | Æ | 7 | TD | | | Change | Addition |
| SACITY-ST-ZIP SACITY-ST-ZIP SACITY SACIT | NAME | | | | 5.2 NA | WE | W | Non | a Harris | | | |
| STREET ADDRESS 5.4 CITY-ST-ZIP OV MOYAL BRACK, FI. 3 3-174 Change Additional Chan | STREET ADDRESS | | | | 5.3 STF | REET | ADDRESS , | 40 ~ | 2 binewood ! | | | |
| TITLE GLETE 6.1 TITLE GLANGE Additional Change A | | | | | 5.4 CIT | Y-ST | | • | . 7 . ~ . | 3174 | | |
| NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS 6.4 CCTV ST. 7/19 | | , , , , , , , , , , , , , , , , , , , | | DELETE | 6.1 TITL | E | | | | | Change | Addition |
| STREET ADDRESS 6.3 STREET ADDRESS 6.4 COV. ST. 209 | | | | | 6.2 NAM | ME | 1 | | | | | |
| e / CITY CT 710 | | | | | 6.3 STF | REET | ADDRESS | | | | | |
| | Į. | | | | 6.4 CIT | Y-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 | 14. I hereby o | certify that the information supplied with | n this filina | does not qualify for | | | | in Secti | on 119.07(3)(i), Florida Statutes. | I further ce | rtify that the i | nformation |

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, with all other like empowered.

SIGNATURE: