2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00400

FILED Mar 18, 2005 Secretary of State

Entity Name: VILLAGE OF PINE RUN UTILITY CORPORATION

US

Current Principal Place of Business: New Principal Place of Business:

100 LIMEWOOD PLACE ORMOND BCH., FL 32174

Current Mailing Address: New Mailing Address:

100 LIMEWOOD PLACE

ORMOND BCH., FL 32174 US

FEI Number: 59-2443262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHARDS, DENNIS SCHMIDT, TOM

170-1 LIMEWOOD PLACE 220-3-1 LÉMON TREE LANE ORMOND BCH, FL 32174 US ORMOND BCH, FL 32174

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: TOM SCHMIDT 03/18/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WALKER, MICHELE STUMPF, ERIC Name: Name: 240-2 ORANGE GROVE DR. Address: 170-8 LIMEWOOD PLACE Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: **PRES** () Delete Title: PRES (X) Change () Addition

RICHARDS, DENNIS Name: SCHMIDT, TOM Name: Address: 201-2 ORANGE GROVE Address: 220-3 LEMON TREE LANE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC Title: SEC

() Delete (X) Change () Addition WILLIAMS, BEVERLY HARRIS, MONA Name: Name:

140-2 LIMEWOOD PLACE Address: 180-1 LIMEWOOD PLACE Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

TRES () Delete MCCAFFREY, JOANNA Title: Title: **TRES** (X) Change () Addition

Name: Name: RITTER, ANDY 210-8 LEMON TREE LANE 201-8 ORANGE GROVE DR. Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: DIR () Delete Title: (X) Change () Addition

MILLER, ALICE O'BRIAN, BARBARA Name: Name: 210-9 LEMON TREE LANE 250-4 ORANGE GROVE DR. Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM SCHMIDT **PRES** 03/18/2005

Electronic Signature of Signing Officer or Director

Date