

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90057 020 ****61.25

DOCUMENT # N00400

1. Entity Name
VILLAGE OF PINE RUN UTILITY CORPORATION



Principal Place of Business
**100 LIMWOOD PLACE
ORMOND BEACH, FL 32174 US**

Mailing Address
**100 LIMWOOD PLACE
ORMOND BEACH, FL 32174 US**

DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2443262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
SCHMIDT, TOM
220-3 LEMON TREE LANE
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
HARRIS, MONA
140-2 LIMWOOD PLACE
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TRES
ANDY, RITTER
201-8 ORANGE GROVE DRIVE
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIR
LAWSON, II, CLYDE
110-2 LIMWOOD PLACE
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIR
JOHANNA Mc CAFFEY
210-8 LEMON TREE LANE
ORMOND BEACH FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY
SANDRA HARDWICK
180-3 LIMWOOD PLACE
ORMOND BEACH FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/07 386-677-7676