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

DOCUMENT # N00400

1. Entity Name

VILLAGE OF PINE RUN LITH ITY CORPORATION



Feb 17, 2003 8:00 am | Secretary of State 02-17-2003 90279 008 ****61.25

FILED

	e of the hold offering oof	II ORAHON						
		Mailing Address 100 LIMEWOOD PLACE ORMOND BCH. FL 32174 US	100 LIMEWOOD PLACE ORMOND BCH. FL 32174					
2 Princips	al Place of Business				i ii 11 11 11 11 111 111 111 111 111 1	Cara birbi bibar bibar		
Z. Fililicipa	at Flace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Numbe) OU ETTOEGE		pplied For	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 A		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New Registe	Fee Requir	ed	
14444.14			Name					
WALKER, MICHELE			Street Address (P.O. Box Number is Not Acceptable)					
,:595 W GRANADA BLVD, STE. A ORMOND BCH FL 32174			The state of the s					
C				251-10 0	19-64 GAOVE	Daire		
•			"", /	DAMAND NEAR.	H			
8. The above	ve named entity submits this statement for	or the purpose of changing its re	egistered office o	r registered agent, or both	in the State of Florida.	am familiar with	and accept	
the obilg	ations of registered agent.			1.1.1.	1	The second secon	, and accopt	
SIGNATURE	ROBGAT MCCAN	744 Ý	<イグ	111 61/10 V	In.An			
0,017,110(16	Signature, typed or printed name of registered agent	/\/	Registered Agent signat	ture required when reinstating)		ATE	- 	
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Cr Florida De	neck Payable partment of	to State	
10.	OFFICERS AND DI		11.	ADDITIONS/CHA	NGES TO OFFICERS ANI	D DIRECTORS IN	V 10	
TITLE NAME	WALKER, MICHELE	☐ Delete	TITLE	VP		☐ Change		
STREET ADDRESS	I		NAME STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP].	
TITLE	VPD	☑ Delete	TITLE	DIAGCTON			☐ Addition	
NAME	HARRIS, MONA	22 5000	NAME	DENNIS M	CHAROS	Change	Addition	
STREET ADDRESS		i	STREET ADDRESS	201-2 014				
CITY-ST-ZIP ~=	ORMOND BEACH FL 32174		CITY-ST-ZIP' · · -	=01000 06A	CH-1 FC 32/7	4 -		
TITLE NAME	GRIBBIN, ELIZABETH	☑ Delete	TITLE	TOO SCHOL	?r	☐ Change	Addition	
STREET ADDRESS	230-1 ORANGE GROVE DRIVE		NAME	220 - 3 LE70	w 7166°			
CITY-ST-ZIP	ORMOND BCH FL 32174		STREET ADDRESS CITY-ST-ZIP		ACH, FC 321	74		
TITLE	SD	⊠ Delete	TITLE	,	321			
NAME	HARDWICKE, SANDRA	LEL DOIGLE	NAME			☐ Change	☐ Addition	
	180-3 LIMEWOOD PLACE		STREET ADDRESS					
	ORMOND BEACH FL 32174		CITY-ST-ZIP					
CITY-ST-ZIP			-					
CITY-ST-ZIP	D NO CARTIN PORTE	☐ Delete	TITLE	PRESIDENT		Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	MC CARTHY, ROBERT	☐ Delete	TITLE NAME	PRETION		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC CARTHY, ROBERT 251-10 ORANGE GROVE DR.	☐ Delete	NAME STREET ADDRESS	PAUTIONT		🕰 Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	MC CARTHY, ROBERT	☐ Delete	NAME	DIGGERA		24 Change	☐ Addition	

014000 DEACH, FL 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 changed, or on an attachment with an address, with all other like expowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

272*-03*

ANGECA

Resident

32/74

KAIKIKE-

ONA-66 GARGE

Change

✓ Addition