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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04405 (9)

1. Corporation Name

THE PINES OF LAKE HUNTLEY CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2406  
LAKE PLACID FL 33862  
US

P.O. BOX 2406  
LAKE PLACID FL 33862-2406  
US



3. Date Incorporated or Qualified  
07/27/1984

3a. Date of Last Report  
08/22/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDER, MICHAEL A.  
13 N. OAK STREET  
LAKE PLACID FL 33852

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST ☒ DELETE  
NAME HORTON, KATHRYN W  
STREET ADDRESS 3 CHARLTON DRIVE  
CITY-ST-ZIP LAKE PLACID FL 33852

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME MEITZ, ERWIN F  
STREET ADDRESS 1 CHARLTON DR  
CITY-ST-ZIP LAKE PLACID FL

2.1 TITLE DVP ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME VIATER, JOHN  
STREET ADDRESS 17 CHARLTON DR  
CITY-ST-ZIP LAKE PLACID FL

3.1 TITLE DP ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE DST ☐ Change ☒ Addition  
4.2 NAME Claire Viater  
4.3 STREET ADDRESS 17 Charlton Dr  
4.4 CITY-ST-ZIP Lake Placid FL 33852

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Viater Pres. 3-15-97 941-699-2605  
Date Daytime Phone # 0054144

CR2E037 (9/96)