

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90036 025 \*\*\*\*61.25

<b>DOCUMENT # N04405</b>	
1. Entity Name <b>THE PINES OF LAKE HUNTLEY CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>	
Principal Place of Business <b>#16-CHARLTON DR LAKE PLACID FL 33852 US</b>	Mailing Address <b>100 BRENTWOOD DRIVE NORTH LAKE PLACID FL 33852 US</b>



MOORE CR2E037 (11/03)

2. Principal Place of Business <b>#7 CHARLTON DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>#7 CHARLTON DR.</b> Suite, Apt. #, etc.	
City & State <b>LAKE PLACID, FL</b>		City & State <b>LAKE PLACID, FL</b>	
Zip <b>33852</b>	Country <b>USA</b>	Zip <b>33852</b>	Country <b>USA</b>

4. FEI Number <b>59-2880080</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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6. Name and Address of Current Registered Agent <b>RIDER, MICHAEL A. 13 N. OAK STREET LAKE PLACID FL 33852</b>	
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7. Name and Address of New Registered Agent Name <b>BARBARA HEITZEN RATER</b> Street Address (P.O. Box Number is Not Acceptable) <b>#8 CHARLTON DR.</b> City <b>LAKE PLACID</b> FL Zip Code <b>33852</b>	
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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 Barbara Heitzenrater  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST ELOISE VIATER 16 CHARLTON DR LAKE PLACID FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT BARBARA HEITZEN RATER #8 CHARLTON DR LAKE PLACID, FL. 33852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MEITZ, ERWIN F 1 CHARLTON DR LAKE PLACID FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT MARY LOU MOORE #6 CHARLTON DR. LAKE PLACID, FL. 33852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP VIATER, JOHN 16 CHARLTON DR LAKE PLACID FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / TREASURER SUE ZWICK #7 CHARLTON DR. LAKE PLACID, FL. 33852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Sue Zwick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **863-465-0150**  
Date Daytime Phone #