

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90106 035 ****61.25

DOCUMENT # N04405

1. Entity Name

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



Principal Place of Business

Mailing Address

#7 CHARLTON DR.
LAKE PLACID FL 33852
US

#7 CHARLTON DR.
LAKE PLACID FL 33852
US

2. Principal Place of Business

1 CHARLTON DR

3. Mailing Address

1 CHARLTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

Zip

33852

Country

USA

Zip

33852

Country

USA

6. Name and Address of Current Registered Agent

RATER, BARBARA H
#8 CHARLTON DR
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name BARBARA HEITZENRATER

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

#8 CHARLTON DRIVE

City LAKE PLACID

FL

Zip Code 33852

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

3-28-05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RATER, BARBARA H	
STREET ADDRESS	#8 CHARLTON DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, MARY L	
STREET ADDRESS	#6 CHARLTON DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ZWICK, SUE	
STREET ADDRESS	#7 CHARLTON DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA HEITZENRATER	
STREET ADDRESS	#8 CHARLTON DRIVE	
CITY-ST-ZIP	LAKE PLACID FLORIDA 33852	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Roulette	
STREET ADDRESS	1 CHARLTON DRIVE	
CITY-ST-ZIP	LAKE PLACID FLORIDA 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Betty Roulette Betty Roulette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-465-1850

Daytime Phone #