

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44726

FILED  
Jan 07, 2006  
Secretary of State

**Entity Name:** LAKES OF PINE RUN HOMESITES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

304 SAWMILL CREEK COURT  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

304 SAWMILL CREEK COURT  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-3183182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOHREN, JOHN F  
304 SAWMILL CREEK COURT  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: HADDOCK, LAURA  
Address: 402 BUSHNELL PARK COURT  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS ( ) Delete  
Name: POLITO, DONNA  
Address: 401 BUSHNELL PARK CT  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP ( ) Delete  
Name: BOHREN, JOHN  
Address: 304 SAWMILL CREEK COURT  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BOHREN

P

01/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date