

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000008

1. Entity Name

PINE LAKES COMMUNITY ASSOCIATION INC.



Principal Place of Business

31635 LAKEVIEW DRIVE
EUSTIS, FL 32736

Mailing Address

31635 LAKEVIEW DRIVE
EUSTIS, FL 32736



07032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TODD, JAMES E
32725 PINE ROAD
EUSTIS, FL 32736

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TODD, JAMES
STREET ADDRESS 32325 E SR 44
CITY-ST-ZIP EUSTIS, FL 32736

TITLE VD
NAME HARBIN, BETTY
STREET ADDRESS 31514 DIVISION ST.
CITY-ST-ZIP DELAND, FL 32720

TITLE S
NAME TODD, MARY
STREET ADDRESS 32325 E SR 44
CITY-ST-ZIP EUSTIS, FL 32736

TITLE T
NAME SCHAEFFER, EILEEN
STREET ADDRESS 39321 COOT DR.
CITY-ST-ZIP EUSTIS, FL 32736

TITLE D
NAME HARBIN, TOM
STREET ADDRESS 31514 DIVISION ST.
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME TRAYLOR, ESTELLE
STREET ADDRESS 39211 COOT DR
CITY-ST-ZIP EUSTIS, FL 32736

1100000165286
07/12/04-80007-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES E. TODD 7-8-04 352-357-8385