

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000000008

FILED  
Dec 18, 2009  
Secretary of State

**Entity Name:** PINE LAKES COMMUNITY ASSOCIATION INC.

**Current Principal Place of Business:**

31635 LAKEVIEW DRIVE  
EUSTIS, FL 32736

**New Principal Place of Business:**

**Current Mailing Address:**

31635 LAKEVIEW DRIVE  
EUSTIS, FL 32736

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

TODD, JAMES E  
32325 E SR44  
EUSTIS, FL 32736 US

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: JAMES E TODD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TODD, JAMES  
Address: 32325 E SR 44  
City-St-Zip: EUSTIS, FL 32736

Title: VD ( ) Delete  
Name: HARBIN, BETTY  
Address: 31514 DIVISION ST.  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete  
Name: TODD, MARY  
Address: 32325 E SR 44  
City-St-Zip: EUSTIS, FL 32736

Title: T ( ) Delete  
Name: DAY, LOIS  
Address: 38990 FOREST DRIVE  
City-St-Zip: EUSTIS, FL 32736

Title: D ( ) Delete  
Name: HARBIN, TOM  
Address: 31514 DIVISION ST.  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: BURNS, MARY W  
Address: 42051 DOGWOOD AVE.  
City-St-Zip: DELAND, FL 32720

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

Title: P (X) Change ( ) Addition  
Name: TODD, JAMES E  
Address: 32325 E SR 44  
City-St-Zip: EUSTIS, FL 32736

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

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

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 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: JAMES E TODD

P

12/18/2009

Electronic Signature of Signing Officer or Director

Date