

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90994 038 \*\*\*\*61.25

**DOCUMENT # N990000000008**

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**

**11022713**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODD, JAMES E  
32725 PINE ROAD  
EUSTIS FL 32736**

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **TODD, JAMES**  
STREET ADDRESS **32725 PINE RD.**  
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **Address** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **32325 E SR 44**  
CITY-ST-ZIP **EUSTIS FL 32736**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **TODD, MARY**  
STREET ADDRESS **32725 PINE RD.**  
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **Address** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **32325 E SR 44**  
CITY-ST-ZIP **EUSTIS FL 32736**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

*Signature of James E. Todd* **JAMES E. TODD** 04-24-03 352-3528385

CR2E037 (10/02)