

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

000025

**DOCUMENT # 708705**  
 1. Entity Name  
**PINE DRIVE MANOR ASSOCIATION, INC.**

03-18-2002 90041 046 \*\*\*\*61.25

Principal Place of Business                      Mailing Address  
**1100 PINE DRIVE**                                      **1100 PINE DRIVE**  
**POMPANO BEACH FL 33060**                                      **POMPANO BEACH FL 33060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
 City & State    City & State  
 Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
**59-1147799**                       Not Applicable  
 5. Certificate of Status Desired                       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**OSBORNE, JOE**  
**1100 PINE DR.**  
**UNIT 103**  
**POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent  
 Name **JOHN BUCCA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1100 PINE DRIVE**  
 City **POMPANO BEACH, FL**                      **FL**                      Zip Code **33060**

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.  
 SIGNATURE *John Bucca*                                      DATE 3-3-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**                      9. Election Campaign Financing Trust Fund Contribution.                       **\$5.00** May Be Added to Fees                      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KIERNAN, MICHAEL</b> <b>1100 PINE DR., #106</b> <b>POMPANO BEACH FL 33060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BUCCA, JOHN</b> <b>1100 PINE DR., #206</b> <b>POMPANO BEACH FL 33060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PRIMAVERA, ANNE</b> <b>1100 PINE DR., #109</b> <b>POMPANO BEACH FL 33060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BISHOP, PAT</b> <b>1100 PINE DR., #201</b> <b>POMPANO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PFEIL, ROBERT</b> <b>1100 PINE DR., #101</b> <b>POMPANO BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WYMOLA, GENE</b> <b>1100 PINE DR., #102</b> <b>POMPANO BEACH FL</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Michael Kiernan</i> <i>Board of Directors</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John Bucca</i> <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John Bucca</i> <i>Jack Blair</i> <i>1100 Pine Drive #205</i> <i>Pompano Beach, FL 33060</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Theresa Motta</i> <i>1100 Pine Drive #108</i> <i>Pompano Beach FL 33060</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (9/01)