2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 720215** Mar 07, 2000 8:00 am 1. Entity Name Secretary of State PINE ACRES CIVIC ASSOC., INC. 03-07-2000 90072 013 ****61.25 Principal Place of Business Mailing Address 6649 BERNADEAN BLVD 6649 BERNADEAN BLVD PUNTA GORDA FL 33982-1637 PUNTA GORDA FL 33982 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2341403 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KALMAN, JUDITH 1821 JUDITH LANE **PUNTA GORDA FL 33982** 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 FILE NOW: 9. Election Campaign Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Delete TITLE ☐ Addition TITLE NAME NAME DOAN, DEANNA STREET ADDRESS STREET ADDRESS 6550 JACK ST CITY-ST-ZIP CITY-ST-7IP PUNTA GORDA, FL 00000 33982 Change Addition TITLE ☐ Delete TITLE NAME Kalman, Judith NAME STREET ADDRESS STREET ADDRESS 1821 JUDITH LANE CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33982 √** Change Delete TITLE Addition NAME them, betty j NAME STREET ADDRESS STREET ADDRESS 6617 JACK ST CITY-ST-7IP CITY-ST-ZIP **PUNTA GORDA FL 33982** TITI F ☐ Delete TITLE Addition NAME NAME COEHLO, ARTHUR STREET ADDRESS STREET ADDRESS 6632 JACK ST CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33982 OKISINENT ☐ Delete TITLE Change ☐ Addition TITLE ROBERT FARNSWORTH NAME EMPEY, EDISON NAME 6510 JACK ST STREET ADDRESS STREET ADDRESS 6840 BERNADEAN BLVD CITY-ST-ZIP PUNTA GORNA CITY-ST-ZIP Punta Gorda Fl 33982 Delete TITLE ☐ Addition TITLE NAME WEBSTER, DALE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

6525 JACK ST

PUNTA GORDA, FL 00000 33982