

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90020 034 \*\*\*\*61.25

**DOCUMENT # 720215**

1. Entity Name

**PINE ACRES CIVIC ASSOC., INC.**

Principal Place of Business

6649 BERNADEAN BLVD  
 PUNTA GORDA FL 33982  
 US

Mailing Address

6649 BERNADEAN BLVD  
 PUNTA GORDA FL 33982  
 US

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 **59-2341403**

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

7. Name and Address of New Registered Agent

**KALMAN, JUDITH**  
**1821 JUDITH LANE**  
**PUNTA GORDA FL 33982**

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.

SIGNATURE Judith A. Kalman, Treasurer

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	WACHTER, DON	1834 POLLY COURT	PUNTA GORDA FL 33982	<input type="checkbox"/>
	KALMAN, JUDITH	1821 JUDITH LANE	PUNTA GORDA FL 33982	<input type="checkbox"/>
	NOLEN, JEAN M	1814 BETTY LOU COURT	PUNTA GORDA FL 33982	<input type="checkbox"/>
	COEHLO, ARTHUR	6632 JACK ST	PUNTA GORDA FL 33982	<input checked="" type="checkbox"/>
	FARNSWORTH, ROBERT	6510 JACK STREET	PUNTA GORDA FL 33982	<input type="checkbox"/>
	DAVISON, WARREN	6514 JACK STREET	PUNTA GORDA FL 33982	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Betty Thern	6617 JACK STREET	PUNTA GORDA 33982	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	RAY KAZMARK	1806 KEITH DRIVE	PUNTA GORDA 33982	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: M. Jean Nolen, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02

Date

941-505-1814

Daytime Phone #

CR2E037 (9/01)