

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90340 039 ****61.25

DOCUMENT # 723302

1. Entity Name

PINEWOOD VILLAGE OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

**2765 WOODGATE LANE
 SARASOTA FL 34231-6413**

**2765 WOODGATE LANE
 SARASOTA FL 34231-6413**

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

59-1768934

Applied For

Not Applicable

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

~~PARESE, DONALD~~

**PINEWOOD VILLAGE HOMEOWNERS ASSOC.
 16 CHURCH ST
 OSPREY FL 34229**

Name

Dee Dee Katz

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

**Pinewood Village Homeowners Assoc.
 16 Church St.**

City

Osprey

FL

Zip Code

34229

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

[Signature of Dee Dee Katz]

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 **VD** ☐ Delete
 NAME **KATZ DRUSCILLA, DEE DEE**
 STREET ADDRESS **2763 WOODGATE LANE 109**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VD** ☐ Change ☒ Addition
 NAME **George Williams**
 STREET ADDRESS **2681 Woodgate Ln.**
 CITY-ST-ZIP **Sarasota FL 34231**

TITLE **S** ☒ Delete
 NAME **HOCKRIDGE, RUTH**
 STREET ADDRESS **2763 WOODGATE LANE #111**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Louise Hetlinger**
 STREET ADDRESS **6275 Street Bridge Ct**
 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **T** ☐ Delete
 NAME **BLIGH, WALTER**
 STREET ADDRESS **2625 WOODGATE LANE**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **AS** ☐ Delete
 NAME **KEITH, J L**
 STREET ADDRESS **16 CHURCH ST**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☐ Delete
 NAME **HETLINGER, LOUISE**
 STREET ADDRESS **6275 STREETBRIDGE CT**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **P** ☒ Delete
 NAME **PARESE, DON**
 STREET ADDRESS **2787 WOODGATE LANE #19**
 CITY-ST-ZIP **SARASOTA FL 34231**

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 Dee Dee Katz]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)