2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 723490 May 23, 2001 8:00 am Secretary of State 1. Entity Name 🕽 Pinehorst Village Condominion 05-23-2001 90464 036 ****61.25 Principal Place of Business Mailing Address 1701 Pinehurst Rd Dunedin, FL zurans 553615 2. Principal Place of Business 3. Mailing Addres 1701 Pinehorst Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number learway Donedin Not Applicable \$8.75 Additional 5. Certificate of Status Desired 764 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **⊰**Name 1 MANAGEMENT CONCEPTS 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. KATITU HILDEBOAND Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribut on. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THILE TITLE Change ☐ Addition NAME NAME 1701 Pineturst Rd # 35F STREET ADDRESS STREET ADDRESS CITY-ST-7IP Dunedin, F CITY-ST-ZIP 161D ☐ Delete TITLE ☐ Change ■ Addition eorge Boefch NAME NAME 201 Pinehorst STREET ADDRESS STREET ADDRESS **3**ч७9 የ CITY-ST-ZIP Dunedin Fl CITY-ST-ZIP TITLE ☐ Delete Change TIFLE ☐ Addition mary Foster 1701 Pinghorst Rd NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Dunedin, FC CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ucille mekenzie NAME NAME STREET ADDRESS 1701 Pinehurst STREET ADDRESS Dunedip, F CITY - ST - ZIE TITLE ☐ Delete TITLE Change Addition NAME JOYOUS CLAFAMUNT STREET ADDRESS 1701 PINCHUIST Rd #22A NAME STREET ADDRESS CITY-ST-ZIP Dupedin, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 of trustee empowered to execute this report as equiped 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 1. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR LIRECTOR