

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90002 044 ****61.25

DOCUMENT # 728661

1. Entity Name
PINE VALLEY RANCHES OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1590 FIRST ST. 1590 FIRST ST.
SARASOTA FL 34236 SARASOTA FL 34236

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
59-1547366 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOAR, JAMES C.
1590 FIRST ST.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 _____ DATE _____
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	PD TISDALE, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6948 SHOTGUN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	VD ANDRESON, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	6947 SHOTGUN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	D WILBANKS, CATHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1164 RABCHERO DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE NAME	TD GOAR, JAMES C.	<input type="checkbox"/> Delete
STREET ADDRESS	1027 RANCHERO DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	D REYNOLDS, HARRY	<input type="checkbox"/> Delete
STREET ADDRESS	1429 RANCHERO DR.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE NAME	D EARL, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1422 RANCHERO DR.	
CITY-ST-ZIP	SARASOTA FL 34240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Regina Swilley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1415 Ranchero Drive	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: JAMES C. GOAR Date: 3.12.01 Daytime Phone #: 941 366-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)