

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90110 026 ****61.25

001100

DOCUMENT # 730228
 1. Entity Name
PINE VALLEY CONDOMINIUM ASSOCIATION INC.

Principal Place of Business 101 CLUBHOUSE BLVD. NEW SMYRNA BCH FL 32168	Mailing Address 101 CLUBHOUSE BLVD. NEW SMYRNA BCH FL 32168
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1669287**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**GILMORE, J.F.
 547 BOTTLE BRUSH
 NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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

TITLE NAME	SD ROBERTSON, W W	<input type="checkbox"/> Delete
STREET ADDRESS	253 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE NAME	PD GILMORE, JOHN F.	<input type="checkbox"/> Delete
STREET ADDRESS	547 BOTTLEBRUSH	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE NAME	DT CODRINGTON, W.	<input type="checkbox"/> Delete
STREET ADDRESS	200 SWEETBAY AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input 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	VD BENT, FELTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	187 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input 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: W. W. ROBERTSON **ROBERTSON** APRIL 7/2001 904-427-8141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)