

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90072 020 ****61.25

DOCUMENT # 730228

1. Entity Name
PINE VALLEY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business Mailing Address

**101 CLUBHOUSE BLVD.
NEW SMYRNA BCH FL 32168** **101 CLUBHOUSE BLVD.
NEW SMYRNA BCH FL 32168**

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 **59-1669287** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____ **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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTSON, W W	
STREET ADDRESS	253 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GILMORE, JOHN F.	
STREET ADDRESS	547 BOTTLBRUSH	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CODRINGTON, W.	
STREET ADDRESS	200 SWEETBAY AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DENT, FELTS	
STREET ADDRESS	187 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: W. W. ROBERTSON Jan 6/03 368-427-8141

CR2E037 (10/02)