

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90096 050 ****61.25

0052452

DOCUMENT # 733844

1. Entity Name

PINE POINT VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3310 LOREN ROAD
 BOYNTON BEACH FL 33435-8578**

**3310 LOREN ROAD
 BOYNTON BEACH FL 33435-8578**

00041001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1591216

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLINE, CHARLES F
 831 NORTH DIXIE HWY
 LAKE WORTH FL 33460**

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

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 NAME	VPD DIDATO, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS	101-A BAYVIEW AVE	
CITY-ST-ZIP	BOYNTON BCH. FL 33435	
TITLE NAME	PD DRAGO, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	311-A COUNTRY LANE	
CITY-ST-ZIP	BOYNTON BCH. FL 33435	
TITLE NAME	TD ABBONDANDOLO, MARIE	<input type="checkbox"/> Delete
STREET ADDRESS	311-D PINE POINT DR.	
CITY-ST-ZIP	BOYNTON BCH. FL 33435	
TITLE NAME	SD HARTMAN, BERNICE L	<input type="checkbox"/> Delete
STREET ADDRESS	3330-C POST ROAD	
CITY-ST-ZIP	BOYNTON BCH. FL 33435	
TITLE NAME	D SHALINSKY, ELLEN	<input type="checkbox"/> Delete
STREET ADDRESS	301 PINE POINT DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE NAME	D PERRUCCIO, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	3230-D PARK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE NAME		<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD ROGERS, RAYMOND F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3240 -D PARK LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

(61) 585-3780

Date

Daytime Phone #