

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90086 031 ****61.25

DOCUMENT # 745129

1. Entity Name

PINEWOODS COMMONS AREA, INC.

Principal Place of Business

Mailing Address

~~4800 TAMAMI TR N~~
~~SUITE 200~~
~~NAPLES FL 34103~~
~~US~~

~~4800 TAMAMI TR N~~
~~SUITE 200~~
~~NAPLES FL 34103~~
~~US~~

90748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2073 J+C Blvd
 Suite, Apt. #, etc.

P.O. Box 110339
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2698946

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

~~MCGILLICUDD, DAWN~~
~~C/O FINANCIAL MANAGEMENT SERVICES~~
~~4800 TAMAMI TR. N 3200~~
~~NAPLES FL 34103~~

Name **Beverly Kuefer**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Sunburst Mgmt. Corp.
2073 J+C Blvd.
 City **NAPLES** FL Zip Code **34109**

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]
 Signature, typed or printed name of registered agent and title if applicable.

Beverly Kuefer
 (NOTE: Registered Agent signature required when releasing)

5/28/02
 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	P	☐ Delete
NAME	EICHORN, GORDON	
STREET ADDRESS	1600 MISTY PINES CIRCLE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	V	☒ Delete
NAME	HUBBINS, DAVID	
STREET ADDRESS	2422 CAMDEN CT.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	☐ Delete
NAME	BIRN, MARY	
STREET ADDRESS	2322 PINE WOODS CIRCLE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	☒ Delete
NAME	CELLETTI, JOHN	
STREET ADDRESS	2488 PINE WOODS CIR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	☐ Delete
NAME	JOHNSON, MINDY	
STREET ADDRESS	2371 PINWOODS CIR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	STB	☐ Delete
NAME	GRIMSLEY, MARY	
STREET ADDRESS	1200 MISTY PINES CIRCLE	
CITY-ST-ZIP	NAPLES FL 34105	

TITLE	D, P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Warrell, Oliver	
STREET ADDRESS	800 Misty Pines Cir #106	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D, S.	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Cole, David	
STREET ADDRESS	2419 Pinewoods Cir.	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D, P, S	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, T	☒ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

941-591-2040
 Daytime Phone