

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746054

1. Entity Name

PINE RIDGE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

343 PINE RIDGE CIRCLE
GREENACRES CITY FL 33463

343 PINE RIDGE CIRCLE
GREENACRES CITY FL 33463-1985

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90027 042 ****61.25



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

59-1963457

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

WIMMER, JOSEPH C.
336 C-2 PINE RIDGE CIR
GREENACRES FL 33463

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 PD ☐ Delete
NAME WIMMER, JOSEPH C.
STREET ADDRESS 336 C-2 PINE RIDGE CIR
CITY-ST-ZIP GREEN ACRES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FARACE, SAM
STREET ADDRESS 328 PINE RIDGE CIRCLE C-2
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME CLASSAN, ROBERT
STREET ADDRESS 316 D-1 PINERIDGE CIRCLE
CITY-ST-ZIP GREENACRES FL 33463

TITLE T ☒ Change ☐ Addition
NAME ESTELLE KARWELL
STREET ADDRESS 306 D-2 PINE RIDGE CIRCLE
CITY-ST-ZIP GREENACRES, FL 33463

TITLE SD ☐ Delete
NAME PUGLIESE, HELEN
STREET ADDRESS 335 PINE RIDGE CIR #A1
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

JOSEPH C. WIMMER

Date

Daytime Phone #

1-31-00 561-9671848

CR2E037 (9/99)